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## ORIGINAL ARTICLES.

### THE DEFINITION OF INSANITY.\*

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THE first requirement for a satisfactory discussion is a definition of the subject-matter under discussion. A definition (according to Webster, and as distinguished from its *synonymes, explanation and description*) "is designed to settle a thing by its compass and extent;" and Whately, as a logician, discriminates between an "essential" and an "accidental" definition, in that the former "states what are regarded as the essential parts of that which is to be defined," while the latter, (the accidental) "lays down what are regarded as circumstances belonging to it, viz.: properties, or accidents, such as causes or effects, etc."

What we need, then, in this case, is an *essential* definition of insanity—"one that covers all that the world means, and has always practically meant, by the term *insanity*, without any reference to any theories as to the precise nature or pathology of most of its different forms."—*Beard*.

The demand for such a definition becomes daily more imperative. On the one hand, a rapidly developing and more exacting medical science demands it for its own better guidance; on the other hand, society, feeling its complex relations increasingly invaded and disturbed by the augmentation of insanity in its midst, demands it for its own protection. And so long as this want remains, there is a clashing between law and medicine, as prejudicial to the safety of society, as it is to the rights of the insane.

For the common law (with, perhaps, less regard for the rights of the individual, than for those of society,) hath, long ago, fixed a "hard and fast" line, as to the responsibility of the insane—a line which the medical profession believes to be not always demonstrable, and therefore, unjust to the individual.

In the history of the insane man, as viewed from the standpoint of the courts of common law, there are three periods to be noted, "each receiving its distinctive character from contemporaneous popular belief and antecedent medical science. In the *first period*, the insane man was

not allowed to plead his insanity at all before the courts. He was *possessed of the devil*, as a mysterious punishment for some dark deed, and had no rights which the courts or humanity were bound to respect. Littleton advanced the legal doctrine that a man shall not be heard to stultify himself. As Lord Mansfield expressed it, historically, in 1747: 'It hath been said to be a maxim that no man can plead his being a lunatic to avoid a deed executed, or excuse an act done at that time; because it is said, if he was a lunatic, he could not remember any action he did during the period of his insanity.' Thus, on a legal quibble, as Lord Mansfield justly calls it, was the plea of the poor lunatic set aside. 'By the law of England,' said Lord Hale, 'no man shall avoid his own acts by reason of these defects.'—*I Hale, P. C. 29, Co. Lit. 246, 6.*

"The second period was slowly ushered in, under pressure of advancing civilization and developing medical science. Lord Mansfield was glad to find that the former doctrine, 'hath of late, been generally exploded.' Under another quibble of the law, the lunatic was allowed to plead, 'therefore he could not remember,' says Mansfield (*Chamberlain of London, vs. Evans*), 'what passed during his insanity, yet he might justly say, if he ever did such an action, it must have been during his confinement of lunacy; for he did not do it before or since that time.' Even this advancement, as Judge Story remarks (Equ. 8, 225), 'met with a strong opposition from the common lawyers.' During the second period, the pitiable lunatic derived no benefit from his plea, unless it was shown on his behalf that he was so utterly bereft of reason that he was in the condition of a wild beast. Such was the medical teaching of the time, and the common law followed after it.

"The wild-beast test prevailed till the dawn of the nineteenth century. Erskine said, in 1800, in Hadfield's case, 'The Attorney-General, standing, undoubtedly, upon the most revered authorities of the law, has laid it down, that to protect a man from criminal responsibility, there must be a total deprivation of reason and understanding.'—*Rex vs. Hadfield, 27 St. Jr. 1288.*

"With this very case dawned the *third period*, which has lasted till our times, during which *knowledge of right and wrong* has been the test of responsibility. Eight years previous, in 1792, Pinel, pursuing the path humanely opened by Dr. Benjamin Franklin, 'liberated fifty-three of the patients confined in the Bicetre, from the chains with which it was thought necessary to restrain their fury.'"—*Bucknill and Tuke*.

\* The above paper was originally prepared as the introductory chapter to a proposed "Manual on Mental Diseases," designed as a hand-book for the ready reference and use of students and busy practitioners.

"The success of Pinel's experiment was great, and touched withal the heart of England. Eskine knew of it, and was already breathing a softer atmosphere around him in consequence. Lord Kenyon, in acquitting Hadfield, was paying unconscious tribute to Pinel. It was not the deductive legal metaphysics of Erskine, nor his inductive legal logic, but his seductive forensic eloquence that touched the heart and bewildered the understanding of the high priest in the common-law temple."

"The law took its revenge for yielding to an impulse of humanity, and straightway invested the new test with the sacred and inviolable character of a legal maxim. Juries may decide issues of fact; but the question of responsibility in the insane must be decided by judges, as matter of law. *Knowledge of right and wrong*, a test furnished by the science of a century ago, is clung to by Bench and Bar, to-day, astenaciously as the common lawyers clung to the old theory that an insane man cannot plead at all, in the time of Lord Mansfield, or as the courts held to the wild-beast theory in the earlier time of Erskine."\*

Towards the insane man, as towards society, the professions of law and medicine stand in the relation of co-guardians. It is important, therefore, that there should be a perfect accord between them as regards the principles underlying the performance of their common trust. And these principles can only be determined by a mutual and sympathetic understanding between them as to the *essential nature of insanity*.

Thanks to the liberalizing influences of the age in which we dwell, and to the greater freedom of communication between the learned professions regarding matters in which each may be said to have a sense of common responsibility, the understanding between them is daily becoming more perfect, though the desired end is not yet fully accomplished.

Pathological and clinical study of insanity has already struck the death-knell of the "knowledge test," so absurdly elevated into the position of "a principle of law." Already has one State court in our Union given as vigorous a blow to this test, as Lord Kenyon gave to the wild-beast theory. "The legal profession," says the court, (in case of *State vs. Pike*, 49 N. H. 399), "in profound ignorance of mental disease, have assailed the superintendents of asylums, who knew all that was known on the subject, and to whom the world owes an incalculable debt, as visionary theorists and sentimental philosophers attempting to overturn settled principles of law; whereas, in fact, the legal profession were invading the province of medicine, and attempting to install old and exploded medical theories in the place of facts established in the pro-

gress of scientific knowledge. The invading party will escape from a false position, when it withdraws into its own territory; and the administration of justice will avoid discredit when the controversy is thus brought to an end. \* \* \* If our precedents practically established old medical theories which science has rejected, and absolutely rejected those which science has established, they might, at least, claim the merit of formal consistency. But the precedents require the jury to be instructed in the *new* medical theories by experts, and in the *old* medical theories by the judge. \* \* \* It is the common practice for experts, under the oath of a witness, to inform the jury, in substance, that knowledge is *not* a test; and for the judge, not under the oath of a witness, to inform the jury that knowledge *is* the test. And, the situation is still more impressive when the judge is forced by an impulse of humanity, as he often is, to substantially advise the jury to acquit the accused on the testimony of the experts, in violation of the test asserted by himself. The predicament is one that cannot be prolonged after it is realized." Thus, out of its own mouth, is the law condemned for its present position on questions of insanity.

But to return to the question of a definition of insanity. What the medical profession needs, is, as Dr. George M. Beard forcibly puts it, "a practical working definition, which includes all cases of real insanity and excludes all cases that are not insane; and which we can use and keep before our minds in our scientific study of the subject, and which we can take into court anywhere, without fear, with the assurance that by its aid, we can more intelligently give testimony respecting any question of real, or suspected insanity that may be brought before us."

Though this much needed definition has not yet been satisfactorily formulated—still most of the greater lights of our profession (and some of the lesser as well) have tried their hands at it—with what degree of success, may be judged from the following examples, selected from those which are clearly *definitions*, not descriptions.

I.—Dr. J. Batty Tuke (Scotch) says: "Insanity consists in morbid conditions of the brain, the result of defective formation, or of altered nutrition of its substance, induced by local or general processes, and characterized especially by non-development, obliteration, impairment or perversion of one or more of its physical functions."—*Edinburgh Medical Journal*, Nov. 1876.

II.—Dr. Bucknill (English) deems insanity to be "a condition of the mind in which a false action of conception or judgment, a defective power of the will, or an uncontrollable violence of the emotions and instincts, has, separately or jointly, been produced by disease."

III.—Dr. Guislain (Belgian) calls insanity "a chronic disease, free from fever, in which the ideas and the acts are under the control of an irresistible power, a change taking place in the manner of feeling, conceiving, thinking and acting peculiar to the individual, in his character and in his

\* We have here quoted from an article in the *Medico-Legal Journal*, entitled, "What is Expert Testimony, and Who are the Experts?" by O. W. Wright, A. M., M. D., Attorney and Counsellor at Law, of Detroit, Mich., whose dual professional training admirably qualifies him for the discussion of this point.

habits; a state which contrasts with the sentiments, the thoughts and the acts of those around him; an affection which renders it impossible for him to act so as to provide for his preservation, and with a sense of his responsibility to God and society."—*Vecons Orales sur les Phrenopathies*, 2nd edit., 1880.

IV.—Dr. Blanford (English): "Unsoundness of mind is but another term for disorder of the human brain; or rather, that portion which has for its function that which we call mind and mental operation."

V.—Spurzheim (the German phrenologist): "Insanity is the incapacity of distinguishing the diseased functions of the mind, and the irresistibility of our actions, or the loss of moral liberty. We are not ourselves when nature, being oppressed, commands the mind to suffer with the body."

VI.—Dr. W. A. Hammond (American) defines insanity as "a manifestation of disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind; and, in which, while consciousness is not abolished, mental freedom is weakened, perverted or destroyed."—*Treatise on Insanity in its Medical Relations*, 1883.

VII.—Dr. Thomas K. Cruse (American): "Insanity is a psychic manifestation of brain disease, unattended by loss of consciousness."—*Journal of Psychological Medicine*, 1872.

The italics here are supplied by Dr. W. A. Hammond, who thinks that with this addition, the definition is shorter and as comprehensive as his own, and for that reason, perhaps, preferable.

VIII.—Dr. E. C. Spitzka says: "Insanity is either the inability of the individual to correctly register and reproduce impressions, and conceptions based on these, in sufficient number and intensity to serve as guides to actions in harmony with the individual's age, circumstances and surroundings; and to limit himself to the registration, as subjective realities, of impressions transmitted by the peripheral organs of sensation, or the failure to properly co-ordinate such impressions and thereon frame logical conclusions and actions; these inabilities and failures being in every instance considered as excluding the ordinary influence of sleep, trance, somnambulism, the common manifestations of the general neuroses, such as epilepsy, hysteria and chorea; of febrile delirium, coma, acute intoxication, intense mental pre-occupation and the ordinary immediate effects of nervous shock and injury."—*Insanity, its Classification, Diagnosis and Treatment*, 1887.

IX.—Dr. J. M. Carnochan (American): "It is necessary to admit that the brain is a complex machine, composed of many parts, through the instrumentality or functioning influence of which all mental phenomena are manifested. With this view of the functions of the brain, and of the localization of the organs, it must also be understood that, though all the organs of the brain may be diseased at once, yet that it is quite pos-

sible for some organs to be in a diseased condition, while at the same time others are perfectly healthy.

"A correct definition of insanity, therefore, would be, a morbid condition of a part of the whole brain, as manifested by correct reasoning from false premises, or by incorrect reasoning from correct premises, according to the kind of insanity. In the first case the false premises originate in one part of the brain, which is diseased, while the other part, the reasoning part, is sound and acting correctly. In the second case, the premises originate in a healthy part of the brain, while the reasoning organs are morbidly affected. In the third case, the brain in which the premises originate, and also the reasoning part, are both morbidly affected by disease."—*Cerebral Localization in Relation to Insanity*—*Medico-Legal Journal*, 1884.

X.—Dr. George M. Beard's (American) definition is, that "insanity is a disease of the brain, in which mental co-ordination is seriously impaired."—*The Problems of Insanity* (a paper before the Medico-Legal Society, 1880.)

XI.—Dr. Henry Maudsley (English): "Insanity is, in fact, disorder of brain, producing disorder of mind; or, to define its nature in greater detail, it is a disorder of the supreme nerve-centres of the brain—the special organs of mind—producing derangement of thought, feeling and action, together or separately, of such degree or kind as to incapacitate the individual for the relations of life. \* \* \* Mind may be defined physiologically as a general term, denoting the sum-total of those functions of the brain which are known as thought, feeling and will. By disorder of the mind, is meant disorder of these functions."—*Responsibility in Mental Disease*, 1874.

XII.—Dr. John P. Gray (American) says insanity is "only a heightening, lessening or perversion, more or less complete, of the natural qualities and characteristics of the individual; a changed state of the mental operations, due to physical disorder within the cranium."—*Lectures Before Bellevue Medical College*, 1874-5.

XIII.—Dr. Selden H. Talcott (American): "Insanity is a departure from the normal mental status of the individual, and this departure is the result of some diseased condition of the brain or nervous system."

The foregoing definitions, are—in our judgment—the clearest and best adapted for ready reference use, of the many that have been, from time to time given to the profession; and, were we called upon still further to choose between them, we should express a preference for those of Drs. Tuke, Hammond, Carnochan, Maudsley and Talcott.

The twelve which we have quoted suffice, however, to show the general *consensus* of opinion among the prominent alienists of the day, in regard to the nature of insanity. This may be formulated thus, viz.: that in a case of insanity, there

must be (1), disease of some sort; (2), disease of the brain, either direct or reflex, with insanity as one of its results; (3), a serious condition of impaired, or defective co-ordination of the mental faculties—the word *serious* being relatively used in this connection.

With a full comprehension of these facts fairly impressed upon his mind, no medical man need fear to go upon the witness stand, especially if he will remember (what the legal cross-examiner will probably try to beguile him into denying) that *there is no mathematically defined dividing-line between sanity and insanity*. For, as has been well said, by a most competent authority on mental disease; "Insanity is a disease of degrees; physiology shades with pathology as the afternoon sinks into twilight, and the twilight deepens into the darkness of night; there are no points between which one can draw lines and say on this side is sanity, on the other insanity. More than this, the different forms of insanity, by whatsoever names known, shade into each other like the colors of the rainbow, and they become involved with and run into each other, and, in practice, do not appear single, pure, and simple, as some writers, and especially jurists, have declared."

Hence, as we have seen, arises the difficulty of formulating such a definition of *insanity* as can be readily comprehended by the average juror; or readily accepted by the jurist, laden with the traditions and rigidities of his profession, and unenlightened by medical knowledge and experience, except such as he may gain in a hurried course of "cramming" of alienist literature to meet the exigencies of the case in hand.

#### RECTAL ALIMENTATION.

BY W. THORNTON PARKER, M.D., GROVELAND,  
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"*EN tout chose il faut se dizer des résultats trop prompts. Le peuplin pousse vite, mais c'est du bois tendre; le chêne y met du temps.*"

Prof. Liebig, of the University of Munich, proposed many years ago the use of the extract of beef as a nutrient. His preparation, now of world-wide reputation, was used generally by the mouth, although not infrequently used as an injection into the bowel.

"The study of nutrition has called forth the ablest efforts of our leading medical men of all nations. Unquestionably, nutrition is one of the most important problems which confront the medical profession to-day. Generally speaking, nutriment is carried into the system by way of the mouth, æsophagus, stomach, intestines, etc. In Germany, external applications of olive oil are frequently used for this purpose. Another mode of applying nutritive fluids might be extensive fermentations, or by immersing the whole body in a bath of broth, or of warm milk, which might at the same time be coagulated by rennet, or the

acid of the calf's stomach; broth or whey might thus probably be introduced, in part at least, into the circulation, as a solution of nitre is said to have been absorbed in a pediluvium, which was afterwards discovered by the manner in which paper, dipped frequently in the urine of the patient and dried, burnt and sparkled like touch paper. A great quantity of water is also known to be absorbed by those who have bathed in the warm bath after exercise and abstinence from liquids. Cleopatra was said to travel with 4,000 milk asses in her train, and to bathe every morning in their milk, which she probably might use as a cosmetic rather than a nutritive."—*Zoonomia, Fol. 2, p. 361.*

Transfusion of blood, the injection of saline solutions into the blood, the use of beef's blood, and a more heathenish application of raw surfaces of living animals to human beings for purposes of nutrition, are all more or less known. Cases are not infrequent in which the power of digestion by the normal method is nearly or totally destroyed, and rectal alimentation then becomes of vital importance.

The alimentary canal terminates in that portion of the bowel known as the rectum. Gray describes its length as from six to eight inches. "It commences opposite the left sacro-iliac symphysis, passes obliquely downwards from left to right to the middle of the sacrum, forming a gentle curve to the right side; it then descends in front of the lower part of the sacrum and coccyx, presenting a curve with its concavity forward, and near the extremity of the latter bone inclines backwards to terminate at the anus. The rectum is, therefore, not straight, the upper part being directed obliquely from the left side to the median line, the middle portion being curved in the direction of the hollow of the sacrum, the lower portion presenting a sharp curve in the opposite direction.

"The rectum is cylindrical, not sacculated, like the rest of the large intestine; it is narrower at its upper part than the sigmoid flexure, gradually increases in size as it descends, and immediately above the anus, presents a considerable dilatation, capable of acquiring enormous size."\*

"The veins which supply the rectum are the superior hemorrhoidal (branches of the inferior mesenteric) and the middle and inferior hemorrhoidal, which terminate in the internal iliac; these vessels form the so-called hemorrhoidal plexus, surrounding the lower end of the rectum. The portal and general venous systems have a free communication by means of the branches composing this plexus."

It will be seen from the foregoing how gen-

\* "The rectum is supplied with the superior hemorrhoidal artery, which divides into two branches, descending one on each side into the rectum, where they divide into several small branches, which are distributed between the mucous and muscular coats of that tube, nearly as far as its lower end, anastomosing with each other, with the middle hemorrhoidal arteries, branches of the internal iliac, and with the inferior hemorrhoidal branches of the internal pubic."

ously the rectum is supplied with blood vessels, and how readily such a surface should be capable of absorbing nutrient substances brought in contact with its mucous surface.

"The lower part of this large intestine is in great measure a temporary reservoir, in which the feces accumulate, until the time arises for their evacuation. The rectum, however, is in general empty, till shortly before evacuation, and when the feces begin to pass into it from above, it is capable still of retaining them for a certain period. Their retention and discharge are provided for by two sets of muscular fibres, namely: first, the sphincter ani, which keeps the orifice of the anus closed; and, second, by the levator ani and the circular fibres of the rectum, which, by their contraction, open the anus and expel the feces. Both these acts are regulated by the reflex influence of the spinal cord."—*Dalton*.

Every physician has in his practice, more or less frequently, cases which require nourishment by the bowel. This occurs after some forms of surgical interference, after injuries involving the stomach, the throat, or the mouth, in paralysis, and in other conditions.

Some years ago a certain manufacturer of blood "food" placed upon the market nutrient suppositories, but these, although possessing considerable merit, received little if any attention from the medical profession. The suppositories were quite hard and sometimes resisted any effort at absorption. But with whatever faults they may have possessed, I found them extremely valuable in several important cases, one of which, at least, I felt sure would have perished without their use. Discouraged by the manner of their reception by the profession, their manufacture was discontinued—not without my most earnest protest, for I believed that eventually their usefulness would become generally known, and their great nutritive value appreciated. Since then, so many times I have been in attendance where rectal alimentation was necessary that I have been forced to contrive some other means for nutriment than the old-fashioned and clumsy method of injection, which is generally very inconvenient, to say the least.

The nutrient should be neither liquid nor solid, but in the form of a mass best suited for rapid absorption.

Messrs. Otis Clapp & Son, of Boston, have succeeded in preparing, for my use, several kinds of rectal plugs, semi-solid in character. These contain 50, 65 and 75 per cent. of their weight of elixir of beef, and of the beef peptone variety, 50 per cent. The 50 per cent. suppository, or plug, contains about a teaspoonful of the elixir. Those containing 75 per cent. will represent 1½ teaspoonsfuls. The suppositories of beef peptones each represent 75 grains of fresh beef, as each ounce of the peptones represents two ounces in weight. The fact that these plugs are prepared with gelatine adds to their nutritive value, and the food will be absorbed into the system much more rapidly than through the agency of cocoa

butter. These nutrient plugs are superior to any I have ever seen, and, so far as I know, are the only ones obtainable.

In the first place the rectum should be thoroughly washed out and disinfected with some bland, unirritating fluid. The patient should be placed upon the left side, the hips supported by a small pillow or folded blanket. The rectal tube should be inserted at least six inches, and the nutrient plug pushed out slowly and steadily. After withdrawing the tube the patient should be instructed to remain as quietly as possible. These nutrient plugs or suppositories should be placed in position every six or eight hours. The bowels should be washed each time before inserting a fresh suppository. The tube can be made of either flexible or hard rubber, and should be warmed and dipped in pure olive oil before being inserted.

The advantages of this method of rectal alimentation are as follows: First, the rapid absorption which takes place. Second, the retention of the nutrient until absorbed. Third, the convenience of the method, and fourthly, its toleration by the patient.

This is certainly an improvement upon the injection on the one hand, or the use of the solid suppository on the other.

The use of rectal alimentation is by no means to be confined to those desperate cases where other means of nutriment must necessarily prove futile; but in many cases of impaired nutrition, and in profound shock, or after exhausting discharges, or after excessive loss of blood, and in almost every form of physical depression, the use of these suppositories will be found to be advantageous.

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## LIFE IN THE CELL.

BY JAMES A. CARMICHAEL, M. D., NEW YORK.

### COMPARATIVE MORPHANTHROPOLOGY.

WE propose, by the above term, to indicate an investigation of some of the most salient and characteristic points of affinity, as well as of difference, in the initial formative facts that attend the evolution of life in man and certain other existences antecedent, yet still held in such and so many marked points of resemblance, as to fully justify the fact of an unbroken continuity, and the non-existence of the so-called "missing link."

To us it seems, that to pursue such an investigation logically, and upon fixed principles, it is necessary to proceed from a fundamental basis of acknowledged and accepted fact, and upon it build a superstructure, every one of whose integral parts shall represent and typify the source from which it proceeds, and share and do its part

in consolidating and perfecting the completed work. We have already, and variously, accepted and maintained, as far as in us lay the power, as our "shibboleth" and "coign of vantage," the omni-potentiality of cell force in making life appear where life was not, and in forming and developing each and every vital entity, from the lowest to the highest, and adapting them to the conditions by which they are surrounded, and in which the span of life allotted to each is to begin, continue and finally end, as all living things must, in death and disintegration, and the return of "earth to earth, ashes to ashes, dust to dust." To estimate any just and reasonable comparison between man and the existences that preceded him in the operations of creative law, the simplest, and it seems to us, the best method to pursue, is not, as in the one most usually adopted, to institute comparisons between the human in a condition of maturity, and the same of the antecedent and inferior organisms, but to begin from the very "punctum saliens," the leaping, palpitating point of life itself, as far back in the creative scale as may suit the purpose of the explorer of these mysteries of life in order to trace and unfold them, then by advancing and progressive steps to note the most prominent and individualizing facts and features of organic structure, not only as respects somatic configuration and form, but also the minute points of resemblance and of difference in the primitive elements from which life springs, and which are to be the instrumental agencies by which life is maintained, and from which all subsequent development proceeds.

We are fully aware of the magnitude of such an undertaking as that above outlined, if pursued in minute and microscopic detail, and many a well spent day, and an unlimited supply of midnight oil might be consumed in the due investigation and illustration of so vast and comprehensive a subject. This we do not propose to do, but there is still much to be learned by even a cursory contemplation of the beginnings of life, and the comparative resemblances and differences in those beginnings, for which we look in vain from the helping counsel and wisdom of scientific authority, and progressive knowledge. Far be it from us to deprecate and undervalue the magnificent achievements of modern science, and the abundance and wealth of scientific contribution that is ever untiring in the effort to unfold and bring "into marvelous light" the subtle mysteries of life, with all the wonders of its attendant phenomena, from primordial cell to perfected growth, from the cradle to the grave. We propose then to inaugurate a series of comparisons, in a general way, which shall consider some of the characteristic points of resemblance and of difference presenting themselves in the earliest processes of the evolution of life, from the lowest to the highest, from the primitive zoic to *arthropodus*. What points of resemblance can be designated as linking the primitive zoic or protozoan of the Silurian Age with the creature evolved in the dim

future, after the countless aeons intervening to the Quaternary Telluric Age—the age of man—had rolled away, and been folded like a scroll. In giving life to the humble protozoan, did the instrument of omnipotence, Lex Suprema, contemplate any *identity* in the gift of life that should begin the lengthened chain, at one end of which the darkness of chaos had just ceased to prevail, and to which link after link should be added as the earth emerged from its subaqueous depths, and gave habitation to strange living forms? May we venture to say that the very same life principle, the very same vital essence, the very same subtle force that animated the humblest and most degraded form that lived its feeble life on the recent earth, or floated in the friendly waters, was the very same life principle, the very same vital essence, the very same subtle force, but with powers immeasurably increased, multiplied and exalted, that lives in the upward looking man, and battles for the preservation of the life, whose ever present tendency is death?

Let us turn again and look along the vista of Palaeozoic life, even as far back as the very dawn of life itself, the very hour when life leaped forth at the command of creative law. How did it appear? Did it come resplendent in perfected form, vivid with the glow of maturity that should fitly represent the omnipotent source from which it sprang, and had its being? Was it a reflex of its Maker, and was there any touch of divinity in its outward form, or its inward spirit? Was the first denizen of the young earth that had just been newly born from the parturient throes of nature's womb, to walk upon its surface a perfect being, fresh from the Creator's hand, complete, and incapable of, nor needing further perfection? No! The mystery of life began, and was hidden away in "little lumps of albuminous jelly," in a humble little spherical body, which to-day we call a cell, and which we squeeze between finger and thumb, and so put out the light of a life. Must we shrink and protest at the thought that our life begins by just such beginnings, and that we are endowed with the principle of life, the heritage of which we hold in common with the unicelled ameba, one of the humblest and most degraded of living things, and that our enlargement from that same humble source, follows in obedience to the same creative law?

If we object to descent from the gorilla or the baboon, what shall we say to the idea that the same force that fashions the sea worm—one of the earliest known forms in the evolution of life, and binds its little spherules of living matter together like beads upon a string, is the same initial principle of human life, and is the identical architect of our own proud and august individuality? Yet it is even so! "We brought nothing into this world, and it is certain we can carry nothing out." We began life a mere viscous blob of glutinous matter; we end it, rank, pestilential stuff, only fit to gorge worms! "To this complexion must we come at last." If we seek to cram our intellectual

maw with the profound subtleties and vague sophistries of Schoppenauer and of Spencer, of Haeckel and of Conte, we are confronted with the humiliating *βαθος* of the interpretation of human life by the old peripatetic philosopher Plato, who, though we have no record to show that he knew or had conceived anything about these wonderful things of cell force and cell growth, yet, viewing man's early beginning in the light shed by modern science upon these mysteries of life, he was not very far out of it when he said: "Man's a two-legged animal, without feathers." Then let man be humble and honest in contemplating the source of his being, and so pluck out the sting from the sour old cynic Carlyle, who went out of life with this upon his acrid tongue: "Make yourself an honest man, and then you may be sure that there is one rascal less in the world." Nor should we, knowing and believing in the revelations that penetrating science is perpetually making by unfolding and developing these hitherto inscrutable things, be slow in proclaiming our allegiance to, and our belief in them, or we too shall be "Letting I dare not wait upon I would, like the poor cat i' the adage."

What primitive conditions of the beginning of human life are there that simulate those of antecedent existences? If there be any truth in our declaration of the identity of the nature of the vitagenic material from which both human and all other life proceeds, then the primordial element that evolves human life consists of the material found in the cell, and that material known as protoplasm. This word protoplasm gives no signification of the nature of the material itself. As we know, it comes from the Greek *πρωτον πλασμα*, and means simply the first deposit; but life is dormant within it until vivified and quickened into vital activity by its appropriate stimulus. In the case of the human, as we well know, we must look to the ovum to find the hiding place wherein the mysterious principle of life lies concealed. What is the ovum? The Latin word ovum is as old as Latinity itself, and it applies to all life that proceeds from an egg; hence, in a certain sense, the human creature may be said to be oviparous, or an egg bearer, and continues to be so until the life evolved from the ovum is prepared for independent life, when it is projected into that life by the distinguishing function known as viviparous. But what we want to get at, if we can, is the affinity or the difference, if there be any, between the material from which an animal, however humble, is evolved, and that which makes a man, and also the nature of the stimulating elements that vitalize the one and the other!

The cell is of itself vitagenic; that is, that of itself it has its own intrinsic vitality; but like all other living things that have proceeded from it, it must be nourished by its appropriate stimulus. Let us make a momentary deflection just here from the direct line of our argument, to ask a question, or rather to anticipate an inquiry which

we shall have occasion abundantly to make, and with all due humility to suggest when we come to study man's cells in the performance of their several duties in his perfected organization. If it be true that the vitagenic cell needs perpetual nourishment by a specific stimulus, what can be the nature of the stimulus that makes a cell of the cortex of the brain think and reason, and fills all the world with the might and majesty of man's intellect, that makes the cells of the retina take in the chromatic glories of beneficent vision, of the olfactory sense that revels in the incense from a thousand flowers, of the auditory that thrills the soul with the harmonies of nature and of art, and lifts up the heart to the "Giver of all good." In the case of primitive Palaeozoic life, and in the simplest form of it, *e. g.*, the moneron, it is a simple unicell, containing within itself its protoplasmic mass enveloped in its cell-membrane, and as it possesses the power of propagation, it at once may be said to equally possess distinct physiological functions of its own, and hence its capacity for nutrition and growth. Having these two latter qualities, it must be fed, and by such nutritious and stimulating elements as will insure both nutrition and growth. In the early Silurian seas, these elements were amply furnished by the sea water, and cell life flourished and grew apace, as we have already abundantly seen, and one form after another appeared in obedience to the stimulus of the law of propagation.

How is it in the case of the human ovum, and what is its appropriate and congenial stimulus, as respects its propagation? As the sea water furnished aliment to Silurian cell life, so another fluid, the seminal, vivifies the energies of the ovum, and compels its propagation and its fructification, and a living human being comes upon the stage of life "with all its imperfections on its head." Our next inquiry will consider the human ovum simply as a cell, and will embrace its anatomy, its physiology, its periodical ovulation, its innumerable reflex sympathies, its fecundation, and the nature of the specific stimulus to which it is due, and its ultimate evolution of human life.

**Chloral Hydrate in Labor.**—Chloral hydrate, says Dr. Jno. E. Gardner (*Lancet*), has a great effect in assisting dilatation of the os uteri and relaxing the rigidity of the perineum. No post-partum hemorrhage follows, nor is there any delay or difficulty in the expulsion of the placenta. The chloral, I think, might take the place of chloroform, if given in a small, repeated dose during the long and tedious labor of the primipara. It does not seem to diminish the expulsive power of the pains, as I have often noticed in chloroform cases. I submit that the chloral might be further tried in place of chloroform in primiparae in order to relieve the rigid perineum and so avoid having to use forceps. Chloroform, in my experience, is attended with a great tendency to post-partum hemorrhage, which I have never seen after the use of chloral in labor. For many years, I have from time to time experienced its boon to the poor, worn out and anxious mother, despondent with fear. After a dose of the chloral, the frenzy passes off, and the patient settles down to her travail, which has a happy and speedy result.

## CLINIQUE.

## SULPHUR DI-OXIDE IN DIPHTHERIA.

BY HARVEY GILBERT, M.D., BAY CITY, MICH.

NEARLY two years ago I commenced the use of sulphur di-oxide in diphtheria, and with such satisfactory results that the readers of the *Times* are hereby courteously invited to consider a few thoughts in connection therewith. Conclusions drawn:

1st.—That the constant, but slow combustion of sulphur in the sick room, or in the several apartments of the house where diphtheria prevails, will prevent the second case in the house.

2d.—That it is an effective and very potent remedy in controlling the disease itself, where it already exists.

3d.—That it is perfectly safe and harmless.

Substantiating the first proposition, I will state that it is drawn from personal experience in a continuous practice with the remedy, covering a period of two years, during part of the time of which diphtheria has prevailed as an epidemic, and with an average mortality of ninety-eight (98) in six hundred and fifteen (615) cases, in one year reported; only twice in that time, viz., once in August and once in September, when the weather was very warm, so that it was impossible to control the gas, did the second case appear; and they were very light.

Regarding the statement that it is also curative within a short time after commencing the use of the  $SO_2$ , all noisome and offensive odors subside; even the breath of the patient, in malignant cases, becomes pure.

In one house a boy lay dead upon a couch, and five others were down with the disease in all degrees of severity, atmosphere reeking with bad odors; yet within four hours (time next visit) the air had become purified,—amelioration simultaneous, no other remedy used except in one case where malarial symptoms appeared and all recovered.

There is no question but that the fumes of sulphur in sufficient quantities will cause a dangerous irritation to the air passages; but sulphur is combustible at a much lower temperature (viz.: at  $180^{\circ}$  F.) than is generated when ignited. A plate with sulphur sublimatum sprinkled upon it, and placed over a boiling pot, will check all fermentation in the room, and absolutely render all decomposition with which it comes in contact innocuous, without annoyance to the most delicate.

Of course the theory in this short statement is that diphtheria is caused by a ferment—a microbe—and that the local phenomena are the hydro-carbons in a state of fermentation and decomposition, that the constitutional symptoms are due to the absorption through the blood of the product of this fermentation, and that this may be averted by the use of this oxydizing agent.

## SOCIETY REPORTS.

## THE LOUISVILLE SURGICAL SOCIETY, STATED MEETING, JANUARY 8, 1894.

(Stenographically Reported by C. C. Mapes for this Journal.)

THE PRESIDENT, DR. A. M. VANCE, IN THE CHAIR.

## TUBERCULOUS ULCERATION.

Dr. Turner Anderson: This patient is Mr. W., who was before this society some time ago suffering from an indurated ulcerated spot on his wrist. It was thought at the time to be tuberculous in character, and as was suggested he was put upon a constructive line of treatment, which was followed by very favorable results. The ulcerated surface was thoroughly curetted and packed in iodoform gauze. One curious feature to me is that regardless of the thorough curettment of the wrist, one vein will be observed coursing across the eschar. Less than six months ago he was taken with a similar induration of the instep, and it was necessary to incise it in two places. An abscess formed on the instep, which, for a certain length of time discharged considerable pus; some cheesy looking material could also be squeezed out. It possessed the same indolent character as the sore which first appeared on the dorsal surface of the hand. After a while it became necessary to make a counter opening on the side of the foot. You will observe there is still considerable induration, but the discharge is very slight. I suffered at one time with adenitis of the groin, which went through the same course as this. There is no history of specific disease, which makes the case one of extreme interest. It shows the involvement of some form of infection attacking the glandular structures, one after another. Another point in the case which has interested me very much is this: The patient was feeling very comfortable, and seemed to be steadily improving; during Christmas week he was suddenly seized with violent pain in the right lower belly. I saw him soon afterward, and upon examination detected an exquisitely tender, slightly movable tumor just within, and above Poupart's ligament; not as high as the appendix point, but just above the ligament of Poupart, at the termination of the internal abdominal ring. He has never had any indications of hernia. He had some dysenteric symptoms, sick at the stomach, etc., there was also an elevation of temperature as high as  $102^{\circ}$  F. The trouble lasted for several days, then gradually subsided. An examination of the patient now reveals, by the most careful manipulation, simply the remains of the tumor which so suddenly appeared in the right abdomen.

## KNEE JOINT INJURY.

No. 2.—About the 22nd of last November, this patient, Mr. R., received an injury to the knee joint. I was sent for, being in bed with the gripe, the patient was seen by another surgeon, who made application of a bandage, recognizing that the patient was suffering very much. After I had recovered from the attack of the gripe the man came to see me, and I at once recognized, I believe, a form of injury with which I consider myself somewhat familiar—a rupture of the internal lateral ligature of the knee joint.

## INTRA-ABDOMINAL TUMOR.

No. 3.—This young man, Mr. C. has an intra-abdominal tumor which is freely movable. Three years ago he had the misfortune to be struck in the side, and since that he has not been in very good health. From a short time after the receipt of the injury he suffered with diarrhoea and distension of the abdomen. He went along following his vocation, which is that of trainer or superintendent of a racing stable, traveling all over the country. Some six weeks or more ago he sent for me, and I requested an examination in bed. He called my attention to this mova-

ble tumor, situated immediately in the median line, between the ensiform cartilage and the umbilicus. It could be outlined more perfectly in that situation than any other. I thought I could carry it further to the right than to the left side. For some weeks prior to my seeing him, he had been unable to take any food. He had been vomiting every particle of solid food taken into the stomach. I advised him to take a liquid diet. I also advised him to consult the physician who had made a diagnosis in his case. After learning of this diagnosis he had consulted several other physicians. He is now living upon a liquid diet; for five weeks has subsisted almost entirely upon milk. A short time before I saw him he discovered the lump in the abdomen.

#### EPITHELIOMA OF PENIS.

Dr. W. L. Rodman: This gentleman is forty-one years of age. I was first called to see him about three years ago; he was then in a condition of para-phimosis; his organ was about to slough, and I incised it thoroughly. My recollection is that I did not circumcise him, but simply incised it on top. Since that time he has had an ulcer on the penis which comes and goes, sometimes heals up almost entirely, then becomes covered with scabs, the scabs peel off and the ulceration is as marked as before. It is exceedingly offensive, nocturnal pain is very severe, and the question is what treatment should be instituted. There are no enlarged glands, and there have been none at any time.

#### DISCUSSION OF DR. ANDERSON'S CASE OF "TUBERCULOUS ULCERATION."

Dr. J. M. Mathews: I think the first case shown by Dr. Anderson is undoubtedly one of tuberculosis, and with the recent advances on that special subject, I believe the practice should be, and as a rule it is, a thorough curetting of every spot that shows any affection. It is not uncommon that we find men suffering from tuberculosis of the joints, tissues, or structures of any portion of the body. A short time ago a gentleman was referred to me with a tubercular ulcer in the rectum. This man showed no evidence of general tuberculosis at all. He had no cough; he had at that time no lung affection. By reason of exclusion I believed it was tuberculosis, and so told his brother-in-law, who is a noted physician in this city. The patient was sent to California, and in less than three months after that time he developed lung trouble, rapidly lost flesh, and is now a confirmed phthisical subject. As I have already stated, I believe the manifestations in the case shown by Dr. Anderson are unquestionably tuberculous, and he pursued the proper course in thoroughly curetting the affected parts. I asked Dr. Anderson if he had used the microscope in making a diagnosis, for I believe that its use is indicated in every case of this character, as it is a valuable means for confirming the diagnosis.

Dr. W. C. Dugan: I agree with Dr. Mathews that the curette should be brought into use in cases of the character under discussion, especially where you can be reasonably certain that you can remove all the tuberculous tissues. But rather than stop half way, I would not use it at all, for with it you open up the tuberculous tissue, and if you fail to remove all of it, you then subject your patient to a risk of general tuberculosis that is hardly warranted. This has been observed in resections of joints by many writers. Where curetting can be thoroughly done, however, I believe it should be practiced. I would like to mention again the injection of hot iodoformized oil in these cases, and report a case or two treated at my clinic at the Louisville Medical College. One was a child that several members of the Society will remember, having tuberculosis of the hip joint, involving the acetabulum, with an opening into the pelvis through it, and the question of amputation had been considered. I saw the case with another physician; we opened up the parts while the patient was anesthetized, and we thought that excision would be the best we could hope for. But feeling that

it was best to try the injection of hot iodoformized oil before excising, as there was no risk in it, this procedure was carried out, and I am glad to report that the child has entirely recovered, with an ankylosed hip, of course. The results in several other cases I have treated lately by this method have been so satisfactory that I am very much encouraged. I use a very strong emulsion, making up a mass as thick as batter, then with a very stout rubber syringe force it into the tissues, using as much force as the patient will tolerate. In the case I have just reported I found it necessary to put the child under chloroform each time, and force the oil in so that it would come out at the different openings.

Dr. E. R. Palmer: I beg to take issue with every member of the Society that has spoken. I am exceedingly skeptical about these conditions of cutaneous tuberculosis. I believe that the trouble in the case shown by Dr. Anderson is inherited syphilis. There is no reason in the world why it should not be. There are a great many recently recorded cases of persons from eighteen to twenty-five or twenty-eight years of age, who have developed hereditary syphilis. The young man's age is such that the inguinal adenitis eight years ago would almost exclude personal infection in the case. As I say, my skepticism is very great as regards these cutaneous tuberculous affections that are so much talked about—tuberculous glands, etc., which used to be called scrofula. It is my opinion that this young man has hereditary syphilis, and represents that condition which used to be called scrofula, and was attributed to a syphilitic parent. Of course we recognize the impossibility of impugning the veracity of the father or mother in such cases; we recognize that we could not possibly get a history with which we could back up the charge of hereditary syphilis in these cases. I remember distinctly having seen the patient when he was before the Society before, and remember stating at that time that I believed it to be a case of syphilis. This young man, to my mind, represents a rapidly becoming frequent group of cases, becoming frequent because we are looking after and finding them and diagnostinating them as hereditary syphilis in adults. I do not believe he has contracted syphilis; neither do I believe that he has tertiary syphilis; but he presents the exact characteristics of hereditary syphilis, as it develops in the adult at from eighteen to twenty-five years of age.

Dr. I. N. Bloom: If this be true, how can we account for the presence of the tubercle bacillus, which is often found in these tuberculous joints, glands, etc.?

Dr. E. R. Palmer: Take, for instance, the so-called tuberculous glands of the groin, that we have so often discussed, when microscopical examination is made how rarely do we find the tubercle bacillus? In fact, were you to depend upon the bacillus of Koch to demonstrate the tuberculous nature of inguinal adenitis, you would fail in your demonstration in the great majority of cases.

Dr. E. R. Palmer: The case before us to-night for the third time (T. R.) has been of greater interest to me than any that has come under my observation for years, from the fact that he was fourteen months under treatment; further, that for eleven out of the fourteen months the proper treatment was not instituted; that is, I was not as radical in my work as the results demonstrated was necessary. The measures finally resorted to, were, first, complete excision of the sore in the groin; second, the thorough and repeated use of the thermo-cautery on the penis sore. In our former discussions, Drs. Rodman and Cartledge advocated excision of the sore on the penis, but this would have involved cutting down into the corpus spongiosum, which I wished to avoid if possible. The perfect result shows the wisdom of the means employed. When I first examined the case shown by Dr. Rodman, I was struck with the difference; the gluing together or adhesion of the parts, the growth of the foreskin to the penis, and the locking in of the morbid growth into the tissue proper, impressed me with the idea that the trouble was certainly malignant and would require a most extreme measure to save the organ. I would not advocate amputation of the

penis as a first resort, but would hope for relief by the thorough application of electro-cautery. Failing in that, amputation of the organ would be demanded to save secondary deposits from the growth; as I believe, without any question, that it is malignant.

Dr. W. L. Rodman: In regard to Dr. Palmer's case: I am on record as having expressed the opinion that it was tuberculous in character, and if he excised it freely and brought the wound together it would unite by primary union. I also suggested the same treatment, or very deep curettment of the sore on the penis, and am glad to see the excellent results that have been secured. There is little or no doubt in my mind as to the pathology of the case presented by myself. It is not a typical case in some respects, yet I am well convinced that it is an epithelioma, and am glad to see the unanimity of opinion expressed. The fact of the extensive character of the adhesions between the prepuce and glans penis, furthermore the decided elevation and induration of the edges of the ulcer, indicate to my mind very clearly that it must be epithelioma; it could not well be anything else. The chronicity of the case without more general symptoms is somewhat puzzling, and that is the principal reason for saying that in some respects it is an atypical case. There is one point that has suggested itself which I admit is possible, yet it does not go far enough in explanation of the subsequent history of the case. When the prepuce was incised three years ago this month for a very severe paraphimosis which threatened to destroy his organ, I remember to have sutured the prepuce with silk, as I never use catgut in this situation. It was barely possible that the silk was not removed. He says his recollection is that I told him one of the stitches had not been removed. It is possible that the stitch has remained, that septic trouble began, and that this is purely inflammatory, but it certainly is a very remarkable course, and I do not believe such a thing more than barely possible. Then comes the fact of the chronicity of the case, the absence of glandular enlargements in the groins, and the fact that he has, as he says, never suffered any great pain. His wife, however, says that he has suffered with severe pain, even having to walk the floor all night long. If this statement were true, never had severe pain at any time (he certainly has not lost any flesh), then it makes the diagnosis somewhat questionable. However, believing it to be an epithelioma, I suggested, to-day, the advisability of amputation of the penis; I think it ought to be done. He is not willing to have the organ amputated just at present. So I propose to take him to the infirmary in a few days, and after removing as much of the prepuce and glans as I can without disfiguring him too much, shall apply locally sulphuric acid paste, or chloride of zinc paste—Bougard's paste—either of which would be the next best thing to amputation. I would not act upon the suggestion of Dr. Palmer on account of the fact that where the penis is amputated by any hot instrument, either by thermo-cautery or galvano-cautery, the mortality is just about five times as great as removal by the knife.

#### DISCUSSION OF DR. ANDERSON'S CASE—"INJURY TO THE KNEE."

Dr. H. H. Grant: I saw the patient in question before Dr. Anderson did; as has been stated he was called, but was unable to attend to the case. When I saw the man he had already been under the care of some other doctor for two or three days; he evidently had a badly sprained knee. He was not in bed, but was suffering a great deal of pain. I put him to bed and put a splint on his leg, covering the joint with a layer of absorbent cotton saturated with lead water and opium; kept him in that position for two or three days, until much of the swelling disappeared, when I applied a plaster of Paris dressing, fixing the joint. He wore this dressing with great comfort, and after twenty-four hours he was able to get up and walk about the house. After four or five days he was able to look after his business, and came to my office with the bandage on his knee. However, he was greatly disturbed lest it might make his knee stiff. Although I assured him

there was no possible danger of anything of this kind, it is evident that he did not have as much confidence in what I said as he might. By this time Dr. Anderson had recovered from his attack of illness and the patient applied to him. The last time I saw the patient the plaster of Paris dressing was still on his leg, and if he had remained under my treatment it would still be there, I think. The character of the lesion I have no doubt is an ordinary sprain; just which ligament is torn away it is impossible for me to say. I question whether there is any way of determining the exact lesion in these cases. In all sprains there is a rupture of some ligament, and just which was torn in this case is of no practical moment. There was more or less laceration of some ligament besides a marked inflammatory condition and some swelling, which disappeared under treatment, and as you will see very little or none of it remains. Conditions of this kind can be greatly benefited by protection of the knee joint in a straight position until all the inflammatory trouble has subsided. There is no longer any question in the mind of any surgeon that it is impossible to establish anything like a true ankylosis by keeping the leg in any position for two or three months or even a year. No damage could have possibly been done this man by retaining the dressing on his leg, and it might have resulted in great benefit. Rest and fixation until the chronic inflammation has subsided is the treatment indicated at present. No fear need be entertained of ankylosis.

Dr. A. M. Cartledge: I have seen a large number of cases like the one under discussion, and have been called upon to treat several myself. The pathology of this special injury has always been to me very interesting. Recently a female physician of Brooklyn has written an article and made some drawings illustrating this particular injury, showing that she has given the subject careful study, and, I believe, has thrown more light upon it than any one else. Her claim is that the insertion of the biceps spreads out at this point and is distributed between the joint, fascia, and lateral ligament, and in these cases there is sufficient strain to give rise to synovial irritation. But they are certainly very common injuries, and I agree with Dr. Anderson that this is the character of the injury in the case reported. The location of the tenderness is not a question of very great importance, because wherever you have tension of the knee joint, pain is manifested about the patella, or wherever there is extra articular pressure of any kind. I can only say my experience is that such conditions are very slow in getting well, and are liable to be followed by tuberculous trouble. In the case reported, the trouble is certainly close enough to the joint to excite a mild synovitis. There seems to be a little increase in the synovial fluid at the time. Rest and compression is probably the best treatment.

Dr. W. C. Dugan: I think there is no doubt about the diagnosis in this case; there is probably laceration of the ligament, which nearly always occurs in this class of injuries. One of the main things, as Dr. Anderson and Grant have both stated, is getting the confidence of the patient, and impressing upon him the importance of rest and carrying out the treatment outlined. I saw a patient only a few days ago, from Glasgow, Ky., where his physician experienced the same trouble as detailed by Dr. Anderson. In those cases where there is great tension, and considerable pain, where it is important that the patient get out in a very short time, I would not hesitate to open the joint and wash it out. I am sure time can be saved in this way, but I do not mean to say that I would advise this procedure in all cases, but only in cases where it is of the greatest importance that the patient be gotten out in a very short time. In the last two years I have treated a number of cases in this way, and have no reason to regret having opened the joint, and feel confident that the patient got well much sooner. It seems to me by this method they get well sooner, and if you can so place them as to eliminate the danger of sepsis, I think it would be good treatment in selected cases. In others I would certainly advise rest, and you can always assure the patient,

as Dr. Grant has stated, that there is absolutely no risk from ankylosis. You can keep the limbs in one position perfectly quiet, as Phelps has demonstrated by experiments upon the dog, for almost any length of time without danger of ankylosis; there only remains a little stiffness of the muscles, which is easily overcome. The general rule, as formulated by Sir James Pagett in the treatment of such conditions, should be remembered and carried out; to wit: "If the limb is cold exercise it, if hot keep it at rest." This covers the ground quite thoroughly, as I see it.

Dr. A. M. Vance: I believe at this stage of the case it is only guess work as to what the original lesion was. There are a number of injuries to the knee joint, independent of laceration of the lateral ligament, which to my mind, might bring about such a condition as this man has now. I agree with those who have already spoken that rest is the proper treatment. I have seen many times just such a condition following the effusion of blood into the joint simply. I should think now that rest combined with massage, and little later probably passive motion, would help to bring about a favorable result in this case.

Dr. Turner Anderson. My idea concerning the treatment in the case of the knee joint injury, that is, allowing the patient to walk about with simply a protective bandage, is based upon the fact that two cases precisely like this have been under my observation previously. The first was treated as suggested by Dr. Grant, with a plaster of Paris, or splint dressing, and absolute rest. That patient to-day is hobbling around with a leg badly ankylosed, which may be due to the fact that the leg was kept in one position for such a great length of time by the stiff dressing. Another case, with identically the same injury, was treated in the manner I advised in the case before us, massage, a bandage of the tight roller variety, allowing the patient to take a liberal amount of exercise. Although the pain at first in moving about was quite severe, it gradually grew less, and to-day the man is perfectly well, there is no stiffness of the limb, and altogether the result is perfect. Therefore, I say that I believe there is danger in these cases of carrying the element of rest too far. My reason for stating that the injury in this case, as well as the two others referred to, was laceration of the internal lateral ligament is that it will be found by examination there is no pain exhibited by inward pressure upon knee, but outward pressure gives the most excruciating pain. In the case before us, Dr. Smith, I believe, first applied a bandage, he being the first to see the patient; afterward, Dr. Grant was consulted, who applied a plaster of Paris dressing. When the man applied to me for treatment, he had no bandage or dressing of any kind on his limb; this was five weeks after the receipt of the injury. After a very careful examination I demonstrated to my own satisfaction that the injury was laceration of the internal lateral ligament, and advised massage, a flannel roller bandage, and further that the man exercise freely. I want to go upon record as saying that in my judgment this is the best plan of treatment in this particular injury, although I realize this statement is not in accord with the ideas expressed by Dr. Grant and others who have spoken, and I have great confidence in what they say. I believe this man will eventually get well, but he will probably suffer pain and tenderness of the joint, there will also likely be more or less stiffness of the limb for a year to come, yet the result will finally be favorable. Further, that there will be less liability to ankylosis or impaired mobility of the joint under the plan of treatment that I am pursuing than would obtain from the use of plaster of Paris dressing, or anything else.

#### DISCUSSION, DR. ANDERSON'S CASE OF "INTRA-ABDOMINAL TUMOR."

Dr. E. R. Palmer: In regard to the third case exhibited by Dr. Anderson, the young man with an intra-abdominal tumor, I believe it is a normal kidney, displaced by the blow tearing it from its moorings. I could feel the hilum

distinctly. It is a normal kidney in size, normal in everything except locality—a dislocated kidney.

Dr. A. M. Cartledge: I saw the patient presented by Dr. Anderson three weeks ago, and have known him for a long time. He has consulted several physicians in this and other cities. I made an examination and found the tumor in the abdomen, which at that time was freely movable, and about the same history was given as detailed by Dr. Anderson to-night. I stated to the patient that he evidently had a growth within the abdominal cavity, but like a great many other abdominal tumors, I thought the only way to settle definitely the nature of it would be to make an incision and see. To-night I made another examination of the tumor, and like Dr. Palmer, I believe it is a dislocated kidney; I thought I could outline the kidney, and by giving the patient some pain it could be pushed back into the left side. I thought I could feel the hilum of the kidney. An abdominal incision is the only thing that will clear it up.

Dr. H. H. Grant: I cannot agree with the gentlemen who have spoken in regard to the case under discussion. I feel a growth which is not movable to my touch, but is fixed, at least it is evidently attached to the abdominal wall and apparently on the parietal side of the omentum. It does not seem to me to be quite as large as a kidney, and it is harder. It is nothing like so movable as a dislocated kidney would be—at least it so appears to me. Although the symptoms in this case are not exactly such as would characterize malignant disease of the stomach, there is a strong suspicion in my mind that the trouble might be cancer of the pylorus, pulled down in the abdomen by its weight. It might also be malignant growth of the omentum. As we all know, it is almost impossible to arrive at anything like a conclusion in abdominal growths without exploratory incision. There would be comparatively no danger in making an incision, and I think this ought to be done before it is too late.

Dr. J. M. Mathews: I must say that there are unmistakable evidences of malignancy in this case. I examined the patient, and was not able to detect the movable tumor that the two gentlemen have spoken of. Dr. Grant says that this patient does not present the symptoms of malignancy direct; in this I think he is mistaken. The patient has lost thirty pounds in flesh. It may be said that he gains flesh occasionally. He may be gaining in flesh now, yet that does not throw any light upon the case. Many people suffering from malignant growths frequently gain flesh. In the second place, he gives evidence that he cannot swallow a particle of solid food; if he takes one mouthful of solid food into his stomach he is compelled to throw it up. I must say that every symptom is against enlarged or dislocated kidney. I have a patient under observation now who has a displaced kidney—at least that was the diagnosis given by her physician. The patient is a woman in perfect health; she has never lost a pound in flesh, eats three meals a day, and there has never been any indigestion. As regards the treatment in the case before us: If it is a dislocated kidney, the man should have the benefit of an operation and the kidney be either stitched back in place or removed. If it be cancer, I think there are surgeons who would not only make an incision for diagnostic purposes, but also do an operation with the view of effecting a cure. Whatever the trouble may be, an incision should certainly be made, otherwise, in less than a twelvemonth I believe that some one will be called upon to make an autopsy for a case of malignancy.

Dr. W. C. Dugan: I examined this patient as carefully as I could, and failed to get the mobility of the tumor that I would expect in a movable kidney. I, too, failed to find the outline in some directions that I would expect in a kidney. The tumor seems to me to be attached to the region of the umbilicus; just what it is, I would not like to say. That there is a tumor, I will agree with any one. I think exploratory incision not only indicated but demanded in this case and should be done without delay. It may be an omental tumor and I think it most likely is malignant or otherwise, or it may be a tumor of the

pyloric end of the stomach. The location as mentioned by Dr. Grant is not the ideal one of pyloric tumor, but we know there may be considerable variation as to locality. The tumor seems to extend below the stomach. Of course we recognize that the stomach is anything but a fixed organ and may even extend as low down as the pelvis. If the man was a patient of mine, I would not hesitate to open the abdomen, and on doing it would be prepared to remove the growth if found operable, or, if it be a kidney, to either replace or remove it, as the circumstances might indicate.

Dr. W. O. Roberts: From the hasty examination I made of the case, it occurs to me that the trouble is a tumor of the mesentery; possibly it may involve the upper portion of the small intestine. I think, as Drs. Dugan and Mathews have said, that the proper procedure would be to make an exploratory incision, as it might be a tumor that could be easily removed, and there would be very little risk in the operation. From the examination I made of the tumor I should say that it is malignant. We never can tell, of course, the exact location of tumors in the abdominal cavity. I made an exploratory incision some time ago upon a man who had been examined by a number of the gentlemen present. Some thought it was a tumor of the omentum; others a tumor of the mesentery; others thought it was the pancreas; and I believe one thought it was a movable kidney. It turned out to be a malignant tumor of the mesenteric border of the transverse colon. Strange to say, after the operation, this man, who had been confined to bed for quite a long time, although nothing was done in the operation except to make an examination, improved rapidly, and in a short time had gained twenty-five pounds. He went back to his work and remained there for four months, then began to grow worse again. As the first operation was productive of so much good I determined to try again. I made another incision—Drs. Anderson, Cartledge and several others present assisting—however, nothing was removed. The man recovered very nicely from the immediate effects of the operation, but died later from the effects of the disease. I recently saw a case with Dr. Bodine where there was a tumor in a situation similar to the case before us to-night. There was a difference in opinion as to the nature of the growth, but Dr. Bodine and myself finally came to the conclusion that it was a tumor of the pyloric end of the stomach. *Post-mortem* examination revealed the fact that it was malignant disease of the pancreas. The tumor in the case shown by Dr. Anderson does not feel to me anything like a kidney. I would certainly advise exploratory operation.

Dr. W. L. Rodman: I think the case is one demanding exploratory laparotomy. As to the two views that have been expressed as regards the nature of the trouble: In the first place, no one has ventured an explanation as to why this man, who was struck in the side three years ago, should only notice an enlargement six weeks ago. That I think is significant. No one has spoken of the fact that a floating kidney is of very exceptional occurrence in men. No one has said that when they do occur in men they are nearly always on the right side. Now, like Drs. Grant, Mathews, Dugan and Roberts, I fail to find any great mobility of the tumor. You cannot push the growth very far to either side of the median line. In the second place, it does not feel to be more than half as large as a kidney. I am very certain that I cannot map out the hilum or any border of the kidney. I fail to understand how a floating kidney would cause the severe gastric symptoms manifest in this case, and I utterly fail to understand why this man should have lost as much as thirty pounds in flesh from the presence of a floating kidney. I think the case is evidently one of tumor, probably malignant, and I am very much disposed to think it a tumor of the omentum. I have been present at four or five laparotomies for just such tumors as this, and every one turned out to be malignant disease of the omentum. Malignant growths of the omentum are common, and I think everything in this case points more to that than a floating kidney, which is ex-

ceedingly uncommon in men. In women who have borne children floating kidney is not common.

Dr. Turner Anderson: Before saying anything about the case further, I would like to hear from Dr. Bloom in regard to the influence upon the digestive function of a floating or movable kidney. He has recently had such a case under observation, and I hope he will give us the benefit of his experience.

Dr. I. N. Bloom: The case Dr. Anderson refers to is a young lady twenty-four years of age, who in good health formerly weighed about 120 pounds, and is medium in size. I saw the case in consultation with Dr. Anderson; she had been suffering for some time from dyspeptic and occasionally dysenteric symptoms. Dr. Anderson was the first to map out a movable kidney; at times we could feel it; then, again, it could not be outlined. Sometimes it would require a careful and extended examination after the patient had been in bed for a day before the tumor could be recognized. This young lady suffered excessively from vomiting; no matter what kind of food was given, her stomach seemed incapable of digesting it, and she became emaciated until her weight was eighty-five pounds. In the meantime she had consulted several other physicians, who made different diagnoses from ours, but later had to acknowledge the correctness of our conclusion. Under treatment suggested by Dr. Anderson and myself, there was permanent disappearance of the tumor, the vomiting ceased and she was enabled to take and digest food of all kinds. At last accounts she was still improving; weight had increased to 109 pounds. In this case I am positive that the trouble was due to a floating kidney, and as I have already indicated, the gastric symptoms were very marked. She was put upon a milk diet, but even that she was at first unable to retain. Vomiting and diarrhea were liable to come on at any time.

Dr. A. M. Cartledge: I am a little surprised that the gentlemen who have spoken are not more familiar with the gastric symptoms dependent upon movable kidney. The nausea is usually very great, sometimes amounting to almost anorexia, and the patient is absolutely unable to take food of any kind. This is one of the chief symptoms when any trouble is occasioned. I have one lady in this city under observation at the present time, who has a movable kidney, and she has become greatly emaciated, weighing probably not over seventy-five pounds. This is certainly due to the movable kidney, and most authors who have written upon the subject make that point extremely plain. Referring to the remarks made by Dr. Rodman: I should have stated in discussing the case, that while no immediate ill effects followed the blow upon the side three years ago, yet the gastric trouble dates back to a few weeks possibly after receipt of the injury. He has been traveling about the country following his vocation of horse trainer: a number of physicians in different parts of the country have prescribed for him, but an examination was never made until about ten weeks ago. When he was first examined, and the tumor discovered, and so stated to him, he replied, "Why, that lump has been there two or three years," showing that the injury was the probable cause of the trouble.

Dr. A. M. Vance: While I did not make a very careful examination of this patient, I do not think the tumor is a kidney. In the first place, it is fixed to a certain degree, and is too hard to be a kidney. I have never seen a movable kidney that could not be replaced in the normal position by careful manipulation, but of course it might not remain there; this tumor certainly is attached to something, probably the abdominal wall; it can be pushed from one side to the other, but this is probably due to the laxity of the abdominal walls, and I admit that I do not know what it is. I do not think it is possible to tell to a certainty what the nature of the growth is until the abdomen is opened; I am inclined to think it is malignant, and if not connected with the stomach, it is certainly in very close relationship and very near the stomach. I agree with the speakers that an exploratory incision is demanded, and believe the growth will be found malignant.

Dr. Turner Anderson: In closing the discussion, first of all, I wish to say that I believe the growth is malignant. I think it is connected with the stomach, with the pyloric orifice in all probability, and that part of the stomach has been drawn down from the natural position. When I first saw the patient the tumor was higher. I believe the patient himself had discovered the lump, as he called it, some time before I saw him. Now, I do not believe it is a movable kidney for this reason—it is far away from the situation in which we expect to find a movable kidney, and we are utterly unable to replace it. While we must admit that it is possible for a movable or a displaced kidney to become adherent in a new situation, yet, I take it this would be an unusual condition. Next, I do not believe it is a floating kidney, because it cannot be moved freely; it is somewhat fixed as it were. When the patient first consulted me diagnosis had been made by another physician of movable kidney, and the patient said he could replace it himself. When asked to do so he made the attempt, and when he said it has been accomplished, I called his attention to the fact that he had simply carried the tumor down a little lower in the abdomen. I made several efforts myself, under the impression that it might be a kidney, to replace it in its normal position, but of course failed. As a rule, a movable kidney is easily replaced; even as we are making an examination it gets out of the way, and we are sometimes unable to find it again at that examination. That is one point which impresses me in making a diagnosis of movable kidney. I make a distinction between *movable* and *floating* kidney, the latter as we know, being congenital.

#### RETROSPECTIVE DIETETICS.

**Rationale of Diet.**—Says Dr. W. J. Moody, in *Food*: Observation teaches that simplicity in food and out-door activity are the chief requisites for ensuring vigor and immunity from disease. Whenever these are practiced vigorous health is the rule, even if the dietary is exclusively animal or vegetable, and it is practically safe to limit the amount consumed solely by the desires of appetite indulged to satiety. The flesh eating Guacho is exceptionally robust, as are many of the races of the Orient where rice is almost the exclusive article of consumption. It is the concentration and complication of our civilized cuisine, which—referring to the stomach—"make the galled jade wince." Nature proportions the carbon, starch and gluten in the grain, and the saccharine matter in fruit so that they afford proper and healthful nourishment. When we add to or subtract from food material, and alter these arrangements, we do so at our peril.

Experience certainly proves that the dinner of many courses is often a stumbling block to the delicate; other things being equal, where many dishes are offered, more is eaten than where the dietary is less varied.

**Sweets for Children.**—The editor of *Food*, in discussing the above subject, asks why children should have such a natural appetite for sweet things unless there was a demand on the part of the system for such food? Healthy children are supposed to be in about as perfect a state of nature as human beings can be. It seems to be as natural for children to desire sweets as it is for an adult to desire water when thirsty. Now, granting that the child is in a healthy state, we would ask, Why is it that there is this constant desire for something sweet? Why not something sour?

If the teeth of the child are in a perfect condition, so that there is no cavity in which the sugar can lodge and thus excite fermentation, we do not believe it is possible for sugar to injure the teeth in any way. We have several times been provoked to observe that if candy were as free as water there would not be nearly so loud a cry of its harmful effects. We do not wish to be understood as advocating the giving of candy or sugar to children until satiety is produced, but we do wish to declare that it is our opinion that a moderate amount of sugar or candy,

given at proper times, is not only harmless but even beneficial. The sweets are best given to the child in the form of simple home-made candies, and if the child be allowed to make these, the very act of so doing will, to a certain degree, satisfy the craving for the same. We have never observed that persons employed in the manufacture or sale of candies are prone to any particular disease. In fact, it is well known that such persons eat but a comparatively small amount of the products in question. The parent who denies a healthy child all forms of sweets, as sugar and pure candy, is not only depriving the little one of much pleasure, but is also withholding an important food.

**A Food for Infants.**—Under this title Dr. Eiloart (*N. Y. Med. Journal*) describes in full his experiments, made at the suggestion of Prof. Chapin. The object of the experiments was to find some medium whereby the curd from cow's milk could be made as fine as from human breast milk. The mixtures to be tested were administered to infants, and after a short interval withdrawn by means of a stomach pump. As the result of many experiments, a most simple process was arrived at, by which in any kitchen a cereal food may be made, containing three-fourths of the solid matter in a soluble form and having more or less sugar, maltose, as desired.

For a food containing about one-third of the solid matter in the form of maltose, the following recipe may be used:

**RECIPE I.**—**Materials:** Wheat flour or barley meal, two ounces (two tablespoonsfuls heaped as high as possible). Water, fifty-six ounces (a quart and three-quarters); extract of malt, half a teaspoonful, or a small teaspoonful.

**Process:** With thirty ounces (a scant quart) of the water make the flour into a gruel, boiling ten minutes in a double boiler. Take out the inner vessel, and add the rest of the water cold, the malt extract being dissolved in the last few ounces added. Let it stand fifteen minutes. Put back the inner vessel and heat again in the double boiler fifteen minutes. Strain through a coffee strainer of wire gauze.

If for any reason it is desirable, as in cases of diarrhoea, to give a smaller proportion of maltose, the following recipe is used, and we get a food containing only one-fourth of the solid matter in the form of maltose:

**RECIPE II.**—**Materials** as in recipe I. Proceed as before, but reserve only one pint of the water for adding cold. After adding the cold water with the malt extract dissolved in the last few ounces of it, let stand only three minutes instead of fifteen minutes. Then heat ten minutes in a double boiler and strain.

To make the gruel well and quickly, beat the flour with very little water. A little beating with little water is better than much beating with much water. Beat smooth, therefore, while the paste is still almost a dough; then add cold water to make a thin paste, and to this add the rest of the first part of the water boiling hot, with stirring. If these directions are followed, very few lumps will remain on the strainer; in fact, only about five per cent. of the meal need be lost in this way. The water in the outer vessel of the double boiler must be kept boiling throughout. Whichever recipe is followed, the food should be taken mixed with milk.

**Meat in Wasting Diseases.**—Extensive clinical observation has demonstrated, says the *Journal of Balneology*, that the chief element in the effective management of phthisis and other wasting diseases is proper nutrition, carried, if possible, to hypernutrition. Tuberculosis does not, in a large proportion of cases, progress without interruption to a fatal issue. Exacerbations and remissions in the process are not infrequent, although in most cases the final result is more or less gradually approached. In the early stages, even before the local process is at all defined, a progressive emaciation indicates that the nutrition is the first point of attack of this malign enemy. If in this stage the patient is removed to more favorable environment (as has been observed among the tailors of Hester street who are brought to the Montefiore Home), as he is

subjected to careful and progressive dieting, baths, exposure to fresh air during the day and night, a change in the entire aspect of the case may obtain. Cough, expectoration, fever, debility, seem to vanish. The chief cause of improvement is attention to the patient's nutrition, which involves not only a better quality and larger quantity of food, but its better preparation and subsequent improved utilization by increased supply of pure air. The simple increase of ordinary food not infrequently improves the patient's condition, especially if the food is made more palatable by skilful cooking.

To supply the phthisical patient with an excess of food which is utilizable and yet not too expensive, is the aim of hospital authorities who have the interest of these cases at heart. By the addition of fats and alcohol this may be accomplished most readily and economically, because their cost is far below that of animal food, while their value in calorics is very large. Butter and cream, brandy or beer, milk punch, become valuable adjuncts. As Hirschfeld has well put it, it is a fallacy to seek the ideal of an invigorating diet in a meal of English roast beef while other demands are neglected. The important consideration is the need of food by whose oxidation heat is evolved, but which, nevertheless, may be accepted by the patient in sufficiently large quantities to be useful—in other words, articles of food which are nutritious in the widest sense of the term. Among well-to-do patients it is especially important to disabuse their minds of the idea that only in an abundant meat diet is to be sought the highest type of nutriment. To accustom these to the idea that milk, butter, and a mild cheese are the better foods is often a difficult task. That these articles are extremely useful in phthisis the writer has had frequent opportunity to demonstrate. Only recently a case of progressive phthisis, with a rapidly forming cavity in the apex of the right lung, high temperature and sweats, continued to gain flesh under a diet of rice, milk, cream cheese, no bread and butter, with but little meat. This patient gained thirteen pounds in three months, despite the destructive process going on in his lung. He was subjected to daily hydro-therapeutic procedures, by which his appetite and strength were maintained. The point we desire to emphasize is that it is a fallacy to regard meat as the ideal food in wasting diseases—a fallacy which not only exists in the lay mind, because beef tea is still its common exponent, but it is not infrequently encountered among otherwise well informed medical men.

**The Feeding of Infants.**—Hauser (*Berl. klin. Woch.*, Aug. 14, 1893) describes a new method. He first refers to the well-known objection to a wetnurse, and the difficulties in artificial feeding. The author has used, in Henoch's clinic and elsewhere, a preparation introduced by Reith, in which, after the smaller quantities of fat and sugar in cow's milk have been corrected by the addition of cream and milk sugar, egg albumen, heated above 130 degrees C., is made to supply the deficiency in albumen. The preparation has the same composition as woman's milk, and is called albumen milk ("Eiweissmilk"), but would be more correctly named albumose milk. The difference between this and ordinary milk, when subjected to artificial digestion, is obvious. If feeding with cow's milk, properly prepared and sterilized, does not suit, the author uses this preparation. Medicinal agents are not employed, and washing out the stomach is rarely necessary. There are two classes of cases, (1) those in which cow's milk properly prepared seems to suit, and yet the infants do not thrive, and (2) those with dyspepsia, etc. Some sixty infants were treated with this preparation, and the author has now used it for one year and a half. The infants take it well, vomiting ceases even in those in whom other preparations have failed, and the weight increases. It is given in small quantities, and cold in bad cases. The stools become healthy and regular, but they may be offensive, owing to the sulphur in the albumoses. Failure is rare. This preparation is also useful in acute illnesses, in rickets, and some other diseases of children. Infants with whom mother's milk does not agree take it well. Older infants also thrive

on it. Cow's milk may be added to it until pure milk feeding is arrived at.

**Diet in Severe Forms of Diabetes.**—Schmitz (*Deutsche Med. Wochenschrift* 27, '93), insists that in the severe forms of diabetes, when the patients are much reduced and the proportion of sugar in the urine continues to be high in spite of exclusive albuminoid and fat diet, it is better to almost exclude meat from the diet list and give in its place more fat and a moderate amount of carbohydrates. He gives several histories of cases where the patients had been reduced to mere skeletons on the ordinary anti-diabetic diet. This had at first helped, but later had failed altogether to keep down the high per cent. of sugar in the urine. By giving much less albumen and more starch and fat, the amount of sugar in the urine was in a few weeks reduced from 5 per cent. and more to less than 1 per cent. in some cases, with decided improvement in general health.

**Diet in Pneumonia.**—The following rules (*N. E. Med. Gaz.*, July, 1893) may be laid down as to feeding pneumonia patients: 1. Give no solid food. 2. Let the food be simple and nutritious. 3. Give food at frequent intervals and in small quantities. 4. Let the patient have all the pure cold water and cooling drinks he may desire. 5. Solid food, given during convalescence, will often cause a relapse.

**Exophthalmic Goitre and the Milk Diet.**—Dr. Chaboux, in *La France Médicale*, reports that he treated a patient with this disease by an exclusive milk diet, continued for four years. He emphasizes the tolerance of milk for long periods and the considerable amelioration of his condition. The patient, who was emaciated, increased in strength and weight, and the symptoms were so much improved that a speedy cure was expected. This result would indicate that exophthalmic goitre is primarily due to an alteration of nutrition.

**Coffee and Tea When Inordinately Used.**—Dr. Ed. C. Fownes died from the excessive use of coffee. Some twenty years ago he became addicted to the beverage, the coffee being made almost as strong as lye, and could not be swallowed by any one but himself. He became a palsied wreck.

Another doctor living in Palmyra, Wis., became slavishly addicted to tea drinking. He drank it without sugar or milk, and had it made so strong that, to use his own expression, it would hold up an iron wedge. After a number of years of this tea ingestion he died, as the doctors believe, from chronic tea poisoning; and on *post-mortem* his stomach looked and felt like wet brown paper.

**Meat Eaters.**—Many races of men live entirely on animal food, and these are the most hardy, and, from all I have been able to gather on the subject, the most free from diseases of all kinds. Sir Francis Head says of the Pampas Indians: "They are all horsemen, or, rather, pass their lives on horseback. In spite of the climate, which is burning hot in summer and freezing in winter, these brave men, who have never yet been subdued, are entirely naked, and have not even a covering for their head. They live together in tribes, each of which is governed by a cacique, but they have no fixed place of residence. Where the pasture is good, there are they to be found until it is consumed by their horses, and they then instantly move to a more verdant spot. They have neither bread, fruit, nor vegetables, but they subsist entirely on the flesh of their mares."

Describing the effect on himself in this diet, Sir Francis says: "After I had been riding three or four months, and I had lived on beef and water, I found myself in a condition which I can only describe by saying that I felt no exertion could kill me. Although I constantly arrived so completely exhausted that I could not speak, yet a few hours' sleep upon my saddle on the ground always so completely restored me that for a week I could daily be upon my horse before sunrise, could ride till two or three hours after sunset, and have really tired ten or twelve horses a day. This will explain the immense distances which people in South America are said to ride, which I am confident could only be done on beef and water." The gauchos of the Argentine Republic live entirely on roast beef and salt, scarcely ever tasting farinaceous or other vegetable food, and their sole beverage is mate, or Paraguay tea, taken without sugar.

## THERAPEUTICAL SUGGESTIONS.

Dr. Asa S. Couch, of Fredonia, New York, publishes an interesting paper in the *Clinique*, upon the above subject, which is worthy of attention as coming from a representative man in the Homeopathic school. He says:

“ \* \* \* Nothing is known of the rationale of so-called Homeopathic cures. It is assumed, probably with truth, that they come from the law that like forces destroy one another. A phenomenon of symptoms, called disease, is met by a similar phenomenon of drug symptoms and lost balances are restored. But just how these antagonizing peacemakers find their way to the arena has not been ascertained. In any event, in the application of the rule which is to bring them together, science disappears. There is, and must always remain, too much uncertainty in drug types (provings) in the discrimination of practitioners and the mixed and conflicting symptoms of disease. Wise Homeopathic physicians feel this embarrassment, and most of them will endorse the somewhat humiliating confession. Can nothing insure a broader scope to professional operations?

“ Outside the adjuvantary field, can no rule be deducted whereby progress can be made other than that under the Homeopathic law? Replying to this interrogatory attention is called to the mineral remedies. Many of them act curiously and most beneficially, and yet apparently independent of and outside of the law of similars. The enthusiasts on behalf of the ‘tissue remedies’ have undoubtedly achieved results through their employment which justify their faith; but the supposition that these drugs are ‘nutritive to some tissues and thus act upon their function,’ must be received with caution, if not rejected as altogether untenable. Nature advances by sequences from lower to higher. The vegetable is organized from the mineral and the animal from the vegetable kingdom.

“ If organization into *protein plasma* is essential to assimilation and nutrition in animals, minerals when they produce results as medicines must achieve them either through chemistry or catalysis. That calcarea phos. can be organized into cells for the repair of fractures; or that iron can be assimilated so as to actually *nourish* the haemoglobin, is yet *sub judice* in the volume of conservative thinking; but that these, and other minerals, are indispensable remedies, is established beyond dispute. That they act chemically (in the broad sense of the term) is improbable, for this is opposed to what is known of the laws of biology, and the inference remains that results from them largely come through catalysis.

“ Tellurium, even in minimum doses, procures disgusting and lasting exhalations from the body, and it is confirmed of its proving that it will cure otorrhœa having a discharge ‘smelling like fish-brine’—an odor unlike any of its chemical compounds. In this instance is the cure strictly Homeopathic, through chemical changes in the remedy, or through catalysis?

“ In 1886 the writer reported to the Homeopathic Society of Western New York a cure of diabetes mel. by ammonium crudum. The case was a typical one, and the cure absolute, for the patient is still living and free from all traces of the disease. From the *resumé* of the symptoms in the case, the cure might be claimed to be Homeopathic, and it is admitted that the remedy was selected from the ‘totality of the symptoms’; but, if so, does it not at least involve a hint as to the action of remedies under the law?

“ In many cases of gastric disturbance with (or without) acidity, flatulence, constipation or diarrhoea, many of the minerals, simple or composite, and especially the phosphates and sulphates, act with great promptitude and emphasis. Often when *aux vomica*, though indicated, proves insufficient, and especially when there is much flatulence, with tendency to anaemia, a combination with ferrum phos. is blessed with striking results.

“ Combinations with *insoluble* carbo veg. are also frequently beneficial. Changes most marvelous follow the

administration of ferrum picricum for some of the new formations. In one instance, a lady from whose breast an adenoma had been removed and who had also a small, benign formation on the face, was afterward attacked by diabetes mel. Digestion, assimilation, and, as a necessary sequence, nutrition were poor. She was growing thin and anaemic. Remedies selected Homeopathically were of no avail. Ferrum picricum 1, in trituration produced a prompt and wonderful transformation, and what is better reduced the sp. gr. of the urine from 1040 to 1017!

“ Other minerals might be referred to and cases cited where relief following their administration was clearly not Homeopathic, and almost as certainly not from chemical changes in themselves. They will be suggested to the minds of experienced practitioners. The purpose of the article is simply to invite attention to its subject matter, in the hope of stimulating observation and discussion in the direction, to the possible end of broadening the scope of those who call themselves Homeopathic practitioners.

“ A starting point may be made from the declaration that crude minerals are never assimilated in the higher animal organisms: that their excessive presence, in parts, after administration—e. g. iron in the red globule—is only proof of its *presence*, and that good results when obtained by them come from this *presence* and not because of direct and actual *nutrition*. If this be so, it would appear to open up a valuable field for exploration.

“ The husbandman supplies materials of which his fields have been exhausted. In this instance nature assimilates it into the golden grain. Why should not physicians supply minerals which, through dialysis, shall permit restorative changes in many parts of the organism?”

If it is true, and we believe it is, that “nothing is known of the rationale of so-called Homeopathic cures,” why is it advisable or even justifiable, to continue a “sect” which engenders strife between men who should be united in the work of relieving suffering humanity?

There is no reason why this work of drug investigation should not go on without sectarian designation. If Hahnemann had lived yesterday, instead of when he did, his observations and suggestions would have been received as Koch’s were, tested, and relegated to the position to which science found them worthy, and such a thing as a sect to promulgate them, would not have been even thought of, as was the case with the “Dosimetric System.” Scientific investigation of any kind, if not for the purpose of sectarian aggrandizement, is accepted to-day in the scientific world for what it is worth.

“ A broader scope to professional operations” will be found when we occupy a position which enables us to look in every direction without prejudice, and is not likely to come to those who limit their field of vision to a single dogma. Science demands absolute freedom of opinion and action, and it is evident from Dr. Couch’s article, that he recognizes this necessity when he argues for the purpose “of broadening the scope of those who call themselves Homeopathic practitioners.” The strict followers of Hahnemann, who are bound by a single dogma, we are confident, will not accept Dr. Couch’s deductions, and will denounce him as “no Homeopath;” and we are inclined to agree with them.

The great majority of the so-called Homeopathic school, however, will agree with what Dr. Couch says, because they are men of liberal ideas, progressive, are bound by no dogma, and use in practice any method or means which experience has found to be useful. In this respect they are not different from those who do not adhere to this school. The only consistent members of the Homeopathic school are those who confine themselves in practice to the dogma upon which that school is founded, and they are the only ones who have any moral right to call themselves Homeopaths. The number is small, and rapidly growing less. Dr. Couch and his class are physicians in the broadest sense, and morally and legally have no right to sectarian designation.

E. D. N.

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## ANTISEPTIC THERAPEUTICS.

THE study of antisepsis and asepsis, so all-important to the surgeon, has until recently been neglected in the study and application of remedial agents, in what may be called internal therapeutics. The study of microbes is comparatively new, and additional light is being constantly thrown by hundreds of investigators in every part of the scientific world, upon their formation and the part they play in the process of disease and death. Certain forms of microbes are not only not injurious, but of essential use in those changes of substance necessary in keeping up the healthful working of the human system. In no sense are they like parasitic plants, drawing their nourishment from the organism to which they cling, thereby slowly absorbing the life of the tree to which they attach themselves, but in the poisonous kind, such as are found in cholera, tetanus, and diphtheria, but by their secretions, which are simply a molecular change of the tissues upon which they feed, pouring into the system a poison so malignant, that as it is carried by the blood to the nerve centers, its fatal effects are often produced before external signs give indication of danger. If antiseptic remedies were required to such an extent as to kill the rapidly forming microbes, in many cases so large doses would be required as to disturb the stomach, and increase rather than diminish the danger.

But this is not necessary; experience has shown that even small doses of the carefully-selected remedy may neutralize the action of the bacteria, rouse up the vital force, until the microbes are expelled by returning strength. As an illustration, in typhoid fever, experience has taught us first to clean out the intestinal canal and thus get rid of all the bacteria possible; then, with some of the acids, muriatic or phosphoric, given in such diluted form as to make a pleasant acid drink, neutralize the action of the microbes in the intestines, while, with other remedies, the circulation and the heart's action are controlled until the bacteria are expelled from the system by returning strength. Reasoning from these facts, Troussart, in his very excellent treatise on antiseptic therapeutics, argues that the cause of a large variety of diseases where no microbe has as yet been discovered, is a perversion of the functions of certain cells of our tissues and organs—cells which pour into the economy abnormal matter, or even normal ones, in exaggerated proportion. These matters constitute veritable toxines, whose effect are similar to those of the toxines fabricated by the pathogenic microbes.

Those who have carefully read Dr. Carmichael's article on cell life can readily see in the natural history of the cell, that it possesses, as Troussart states, an organization and properties similar to those of the microscopic animal or vegetable cells, which live as parasites in the organism, and are designated under the general name of microbes. The former, when perverted in their functions, became thereby veritable parasites, foreign bodies which the organism hastens to eliminate by the well-known process of inflammation, just as it does in dealing with the microbes. As these toxines, if not neutralized, either entirely or in part, can only be eliminated through the great excretory organs, the skin, the intestines and the kidneys, the importance of keeping them in good working order is apparent. The scanty urine, the dry skin and the inactive bowels give ample opportunity for the toxines to get in their most deadly work. The failure of the kidneys to do their proper work, drives back upon the nerve centers the poisons which paralyze the heart, the brain, the lungs and the whole vaso-motor structure of the body.

The steady advance of pathology, worked out with all the modern appliances of science, each day becoming more accurate, is revealing to us the changes, and the character of the changes,

produced by disease, while the study of germ life is slowly unlocking the secrets of life and death, indicating new remedies for the control of disease, and explaining the reason why old remedies have acted with benefit. These revelations, while they cannot change established facts, may upset old theories, as it regards specific action of drugs, confirming the results and the line of investigation pursued, but clearing our therapeutic vision by a more scientific explanation of the results produced. The line of investigation now being pursued in the prevention of disease, is placing our profession, for practical usefulness, far in advance of what it has ever been. A closer study of life is daily revealing the laws for its preservation.

#### EPILEPSY.

ANY light which can be thrown upon the pathology or treatment of this *bête noir* of our profession, will, of course, be received with marked interest. Dr. Paul Gibber publishes the results of several cases of epilepsy, which have been under his observation for the past eighteen months. The remedy used was the fresh extract of the cerebrum of the sheep, administered hypodermically.

Case 1 was a male, aged thirty-one years, who had been subject to epilepsy since he was sixteen. Eight days before he received the injections he had ten attacks in one day, each very violent, and lasting five minutes. There was a complete disappearance of the attacks of *grand mal* for over a year. There are now two or three slight attacks of *petit mal* each month, lasting only a few seconds. His memory and general intelligence is restored.

Case 2.—A female, without a nervous history, had her first seizure of *grand mal* when sixteen, since which she has had over fifty attacks. Since commencing the treatment the attacks have been ninety per cent. less than before.

Case 3.—A male, aged eighteen. He has had seven or eight attacks of *petit mal* every week since infancy, and twice in each month an attack of *grand mal*. Two months after commencing the treatment he was relatively well.

Case 4.—A female, aged twenty-three, with an epileptic and alcoholic family history. In her infancy she had frequent fainting spells, and two years and a half ago, after becoming pregnant, she had her first attack of *grand mal*. Since then she has had sometimes as many as six weekly.

From the time she commenced the treatment the attacks ceased.

Dr. Gibber gives several more cases with similar results. Notwithstanding the treatment shows a much larger per cent. of cures than any other known to the profession, still it is not a specific, as in four cases the treatment did not effect any appreciable improvement. In conclusion, Dr. Gibber is satisfied that the treatment of epilepsy by injections of extract of nervous substance is especially beneficial in adding to the favorable effects derivable from other therapeutic agents, and by its application, in the majority of instances, the improvement is most satisfactory.

#### SANITARY CONFERENCE.

THE International Sanitary Conference at Paris has just concluded its labors, and have formulated rules which must have a marked influence in preventing the spread of cholera. There is to be adequate medical inspection in all the ports from whence the plague has spread, including all those places in India for which pilgrims from Mecca embark, which have heretofore been the fruitful sources for the spread of the plague. The Turkish lazarettos on the Red Sea will be reorganized, and every point from which the plague has spread closely watched by competent medical authority. The rules formulated by the International Conference are so wise in their provisions, and will be backed by such authority, as to render a spread of the plague almost impossible.

#### THE ANTIQUITY OF MEDICAL DEGREES.

SAYS the London *Lancet*: The celebration, five years ago, of the Eighth Centenary of the founding of the University of Bologna, gave fresh prominence to the fact that she is not only the mother of seats of learning, but also of academic degrees. It was in the faculty of law that she first conferred the honor of graduation, "Doctor Legum" being the title to which Ireneus, the regenerator of the Roman juridical system and the virtual founder of the Bologna school "promoted the "alumnus," who had attended the prescribed courses and passed the qualifying ordeal. Paris, still in the faculty of law, imitated the example of her Italian sister, whilst not till a century later did England follow suit. Medicine having, like law, assumed the dignity of a "faculty," began also to give the title of "Doctor," a word which is

met with in that connection as early as the first century, when Suetonius relates of Julius Cæsar that he invested with the rights of Roman citizen "*omnes medicinam professos et liberalium artium doctores.*" From the earliest times the practitioner of an art, particularly that of medicine, was looked up to as its teacher. And so when the healing art, incorporated in the university system, handed on the torch of "light and leading" to its disciples, it did so by "promoting" them from "alumni" to be "doctores," equally qualified to practice and to instruct.

#### THE USE OF SULPHUR IN SURGERY.

**I**N diseases of bones and joints, especially of tubercular character, W. Arbuthnot Lanier, F. R. C. S., removes the diseased bone and synovial membranes, and then rubs in sterilized sulphur. With regard to the action of sulphur, he concludes :

1. It appears to exert no deleterious influence upon the health of the individual.
2. It gives rise to products which are powerfully caustic in their action, and must consequently be used in small quantities and with discretion.
3. It destroys all organisms, whether free in a cavity or growing in the surrounding tissues.
4. It acts much more powerfully upon recently incised structures than upon granulating surfaces.
5. Its action is rendered more uniform and general, and less violent, by mixing it with glycerin.
6. If it be necessary to use a considerable quantity of the drug, it must be removed within a few days. Irrigation with dilute perchlorid of mercury lotion has proved very useful in the removal of small sloughs, etc., after the sulphur has been evacuated and the structures scraped.

**T**HE *Pacific Medical Journal* thinks the fault of the non-union of schools is more that, of what they are pleased for want of a better term for their exclusiveness to call "regulars," than either Homœopaths or Eclectics. "The course of our medical schools," says the *Journal*, "to require a Homœopathic physician to attend the full curriculum before graduating is neither wise, logical, nor reasonable. The Homœopath who has his diploma from a Homœopathic three years' school should surely be admitted for examination for our degree after one year's study. It can hardly be denied that the best Homœo-

pathic colleges are as well equipped for teaching as our poorer colleges are, yet the graduates of our very poorest colleges have an equal footing in the professions with the graduates of the best." Homœopathic societies were originally established for the purpose of studying a specialty in therapeutics, which they at no time claimed, either in practice or name, as an exclusive dogma. For daring to exercise this freedom of thought they were kicked out of all communion with their old professional brothers, and now, as a preliminary to a return of fellowship, must renounce all association with their old societies for fear though admitted to be non-sectarian in practice, the fact of their holding a connection with societies having a sectarian name would make them appear sectarian. If old school societies and old school colleges would take an honest, manly course, teaching the physiological action of drugs in their colleges, and throwing open their scientific societies to the admission on equal terms, to all who believe and practice the catholicity of their profession, the dividing lines between schools would melt away within the next five years, and the distinctive names which marked the different schools as schools would exist only in history.

**A** N amazing instance of command of mind over body was furnished by Hermann, the well-known necromancer, during his recent visit to Boston, says the *N. E. Medical Gazette*. In a personal chat with a physician, he mentioned that in the course of his investigations into hypnotism, auto-suggestion and other mental phenomena, he had acquired the power of suspending absolutely, at will, the pulsations of his own heart. Seeing, perhaps, a not unnatural expression of incredulity on the face of his interlocutor, Hermann held out his wrist. "Feel my pulse, doctor!" It was found to be a strong and steady one. "When you are ready, doctor, say to my pulse, 'stop!'" After a second or two of study of the pulse-rhythm, the physician said abruptly, "stop!" Instantly the pulse-beat ceased, absolutely and utterly. For a few seconds, naturally seeming a much longer time, the great magician's wrist remained in the physician's grasp, absolutely pulseless! This is by no means the first exhibition by Hermann of a power even more interesting to scientists than his clever feats of legerdemain are to the laity. That such control of what we are wont to regard as an absolutely involuntary function is possible, is a fact highly suggestive to

the student of mental pathology or of mental therapeutics, pointing as it does to vast and unexplored fields in both these branches of study.

**A**N extra and independent State examination, aside from the college diploma, is required in Alabama, Arkansas, Florida, Maryland, Minnesota, Mississippi, New Jersey, New York, North Carolina, North Dakota, Pennsylvania, South Dakota, Texas, Utah, Virginia, Washington and portions of the Indian Territory. The second list, where the examination is apt to be but little more than a form, simply requiring a registry of diplomas after they have been supervised by State examining boards, State boards of health, or officers of the County Court, and an independent examination is not obligatory, includes the States of California, Colorado, Connecticut, Delaware, Illinois, Iowa, Missouri, Montana, New Mexico, Oklahoma, Oregon, Tennessee, West Virginia and Vermont. Maine, New Hampshire, Massachusetts and Rhode Island have no legal regulations.

**B**ULLETIN sixty-five, of the Cornell University Experiment Station, Veterinary Division, is a very valuable report by James Law, upon tuberculosis in relation to animal industry and public health, and will be sent free to physicians on application.

**T**HE National Quarantine Committee of the New York Academy of Medicine has drafted a bill to establish a bureau of public health within the Department of the Interior, as first suggested by the TIMES, in preference to a cabinet secretary, as formerly recommended by the Academy. The bill provides for the appointment of an expert sanitarian as commissioner by the President, with the consent of the Senate, and an advisory council, consisting of one member from each State, appointed by the Governor. The advisory council to meet in Washington on the first Tuesday in October, and at such other times and places as authorized by the President. The provisions of the act are ample to secure an efficient service, not only in the United States, but also a protective service, so far as this country is concerned, throughout the world.

**E**LECTRIC SUNSTROKE.—The adaptation of new discoveries in science to new industries sometimes creates new diseases. The electric sunstroke was unknown until the electric

process was adapted to the melting of metals. The intense voltaic arc between the carbon and the metal to be melted, emits rays producing a sensation similar to that of a burn. There is frequently great pain, sleeplessness, and in some cases fever. The skin becomes copper-colored or bronzed, the eyesight is sometimes temporarily lost, and followed by what is known as yellow vision, with a sensation as of sand under the eyelids. The most efficient remedy is perfect rest in a subdued light.

**C**HLOROBROM IN SEASICKNESS.—Additional proof reaches us from various medical journals that this remedy, which is a combination of chloral amid and bromide of potassium, is an efficient remedy in seasickness, if certain medical and dietetic precautions be taken before going aboard ship. At any rate, so much has been said in its favor as to render it worthy of a trial.

**T**HE Southern Homœopathic Medical College, of Baltimore, recently held its third commencement, and graduated its first class who had attended the entire course, including twelve students, of whom two are women. The Rev. Dr. I. B. Meter said: "The faculty, in their teaching, care not about theories, or systems, or difference in schools, as such, but should, so that the interests of humanity are served, teach the student how to cure." And Professor Eldridge L. Price, from whom the readers of the TIMES have often heard with pleasure and profit, said: "It has been our endeavor to make not merely practical Homœopathists of the members of this class, but practical healers of the sick. They are taught to be *physicians*—not sectarians—and progressive physicians, who practice to cure the sick, and not to carry out a particular theory." No one who knows Professor Price, will doubt the entire truth of his statement, but why cling to a sectarian name, when non-sectarian in practice? The Hahnemann Medical College, and the recently established Cleveland University are showing that they not only possess a larger liberty, but their prosperity and usefulness are immensely increased by avoiding a name which by no means represents the scope of the teachings of any well organized medical school.

**I**T has been noticed, since suburban homes have become so popular, that heart disease in persons over fifty has been alarmingly frequent.

A heart must be very strong to bear the sudden strain of a rapid rush to meet a train, and this strain is often the commencement of trouble lasting perhaps for years and ending in death. The panting for breath, after the race is over, is caused by the contracting lung pouring into the left side of the heart the excess of blood which it had contained, the arterial tension increasing in consequence of the lessened demand for blood in the tissues. It is easy to see how this strain, if it does not end in death, may cause a gradual dilation of the heart, causing long suffering and at length death.

A FRENCH journal recommends the use of permanganate of potash, in the form of injections, as the best treatment known for gonorrhœa. Its advantages are, being absolutely painless in cases of anterior arthritis, and scarcely painful in cases of inflammation of the whole tract; it can be commenced or left off without inconvenience; it has no detrimental action on the mucous membrane, but suppresses every trace of discharge from the first lavage, and is successful about eleven times out of fifteen. The size of the injection, and its frequency and strength, must be adapted to individual cases. Generally, strengths of 1 to 4,000, or 1 to 2,000, or even 1 to 1,000 are tolerated.

THE Englewood Union Medical Society of Chicago, was organized in 1887 under the following preamble: "For the purpose of preserving harmony and co-operation in our labors, we, the undersigned physicians and surgeons of Englewood and vicinity, unite in forming a society for mutual benefit and the advancement of the science and art of medicine. In subscribing our names to the following Constitution and By-laws, we do each promise and agree that our several relations with one another, under all circumstances, shall be governed, so far as in us lies, by the Golden Rule, and we do hereby recognize this rule as our code. Any reputable physician holding a certificate to practice from the Illinois State Board of Health, shall be eligible for membership, and may become a member of the Society, on a recommendation of a majority of those present at any regular meeting, by the payment of the admission fee." The Society is composed, we are told, of practitioners of all schools of medicine, working harmoniously together under the Golden Rule! There should be more such societies all over the country.

### "LA GRIPPE" SYMPTOMS.

Pain in shoulder, pain in chest,  
Pain in back that gives no rest;  
Shooting pains in knee and hip—  
That's "La Grippe."

Aching void your skull inside,  
Down your back the cold chills ride;  
Faster still like fiends let slip—  
That's "La Grippe."

Water scalds eyes, nose and cheek,  
Makes you look like "Barnum's Freak;"  
Cold sores gather on your lip—  
That's "La Grippe."

Sense of taste and smell are gone,  
Sense of hearing follows on;  
Sparks before your eyeballs skip—  
That's "La Grippe."

Ammonia and camphor, too,  
Might as well be liquid glue;  
One sense left to feel each nip—  
That's "La Grippe."

Every little while you sneeze,  
For a change you cough and wheeze;  
Heart throbs fast and gives a dip—  
That's "La Grippe."

Microbes in the corners lurk,  
Each as savage as a Turk;  
Waiting chance your blood to sip—  
That's "La Grippe."

Conscience seems affected, quite  
Hardly knows which way is right;  
Cares not how the world may tip—  
That's "La Grippe."

### A RECENT VICTIM.

### BIBLIOGRAPHICAL.

Messrs. Gross & Delbridge, of Chicago, announce a work on "Diseases of Children," etc., by Prof. Robert N. Tooker, M. D., soon to issue.

**THERAPEUTICS OF THE SERPENT POISONS.** By John H. Clarke, M. D. London: 1893.

This little brochure covers a study of the symptomatology of the various serpent poisons from the standpoint of the therapist. It will be of service to such as use these agents in practice.

**SAUNDERS' QUESTION COMPEND NO. 22: ESSENTIALS OF PHYSICS.** Arranged in the form of Questions and Answers, prepared especially for Students of Medicine. By Fred. J. Brockway, M. D., Assistant Demonstrator of Anatomy at the College of Physicians and Surgeons, New York, Second Edition, Revised, with One Hundred and Fifty-five Illustrations, pp. 329, 12mo. Price, \$1.00. Philadelphia: W. B. Saunders.

**A MANUAL OF THE PRACTICE OF MEDICINE.** By A. A. Stevens, A. M., M. D. Illustrated. 8vo., 402 pages. W. B. Saunders, publisher.

The physiological actions of the most important drugs are given and their therapeutic indications; of course,

within the bounds of a small volume in a condensed form. To the student, as well as to the physician, for ready reference the work will prove valuable.

**CLINICAL DIAGNOSIS.** By Albert Abrams, M. D. Third Edition, Revised and Enlarged. Illustrated. New York: E. B. Treat, 5 Cooper Union, 1894.

The original character of the work has been preserved in the present edition, which has been subjected to a thorough revision, and an enlargement by the addition of many synoptic tables, a chapter on insanity and a summary of recent methods of diagnosis.

**THE PHYSICIAN'S BEDSIDE RECORD (Revised Edition). With Dietary.** By Gideon C. Segur, M. D. The Plympton Manufacturing Co., Hartford, Conn. Price, 10 cents each, \$1.00 per dozen.

This is the best and most useful record blank we have yet seen. It is inexpensive, and the dietary is most suggestive. It will afford a complete record of a case, including the notes of the nurse, in convenient form to be filed away for reference. Send for sample.

**SYLLABUS OF THE OBSTETRICAL LECTURES IN THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF PENNSYLVANIA.** By Richard C. Norris, A. M., M. D., Demonstrator of Obstetrics, University of Pennsylvania; Assistant Obstetrician, University Maternity; Physician to the Methodist Episcopal Hospital; Obstetrical Registrar, Philadelphia Hospital; Consulting Obstetrician and Attending Gynaecologist, Southeastern Dispensary and Hospital for Women and Children. Third Edition, pp. 221, small octavo. Price, \$2.00. Philadelphia: W. B. Saunders.

This present edition includes those additions which have appeared in the lectures during the last two years, thereby bringing the subject down to date.

**A PRACTICAL TREATISE ON THE DISEASES OF THE HAIR AND SCALP.** By George Thomas Jackson, M. D., Professor of Dermatology, Woman's Medical College, New York Infirmary; Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons; Consulting Dermatologist, Presbyterian Hospital; Visiting Dermatologist, Randall's Island Hospital; Member of the American Dermatologists' Association, etc. New, Revised, and Enlarged Edition, pp. 408, 8vo. Price, \$2.75. New York: E. B. Treat, 1894.

The present edition of this book represents thorough revision and correction of the former edition, bringing the subject fully down to date. It has been the aim of the author to present to the profession a concise and practical work upon the subjects treated, and the manner in which the work has been received shows that he has been successful.

**ACROSS ASIA ON A BICYCLE.**—Messrs. Allen and Sachleben have written a graphic account of their remarkable journey from Constantinople to Peking, and this will be published in the "Century," beginning with the May number. They met with many curious and startling adventures, and these they tell with simplicity and modesty, as if they were not unusual episodes in the rounding out of a college education. They took more than 2,500 photographs of scenery and phases of life that curious European eyes had never looked upon before, and many of these will be reproduced. The young men served, in a measure, as the advance couriers of American progress. They bore the "Stars and Stripes" strapped to the handle bars of their bicycles to people who learned for the first time of its significance.

**HOW TO USE THE FORCEPS.** With an Introductory Account of the Female Pelvis and of the Mechanism of Delivery. By Henry G. Landis, A. M., M. D., Professor of Obstetrics and Diseases of Women and Children in Starling Medical College, Columbus, O. Revised and Enlarged by Charles H. Bushong, M. D., Assistant Gynaecologist and Pathologist to Demilt Dispensary, New York. Illustrated, pp. 203, small octavo. New York: E. B. Treat, 1894. Price, \$1.75.

The efforts of the late Prof. Landis were of a practical kind, as shown in the volumes of his work he has left to posterity. The present volume is a fitting companion to his excellent book on the "Management of Labor," and both are worthy a place on our shelves. The editor of the volume before us, gives no hints as to the revision and enlargement which he has accomplished; an error which is not fair to the late lamented author, and so far as the text shows, the work is entirely from the hand of the author himself, and is worthy of commendation.

**AN AMERICAN TEXT-BOOK OF THE DISEASES OF CHILDREN.** Including Special Chapters on Essential Surgical Subjects; Diseases of the Ear, Eye, Nose and Throat; Diseases of the Skin; the Diet, Hygiene and General Management of Children. By American Teachers. Edited by Louis Starr, M. D., assisted by Thomas S. Westcott, M. D. Philadelphia: W. B. Saunders, 1894.

The title gives an excellent idea of the plan of the work. Dr. Starr has long ranked as a leading specialist in diseases of children, and their general management; and in the preparation of this text-book, has brought to his aid the large clinical experience and the ripe thought of over sixty collaborators, each distinguished as a teacher and writer. The result is a condensation between the lids of a single volume of an amount of information upon childhood and its diseases, which will be eagerly sought after by the profession.

**A TEXT-BOOK OF GYNAECOLOGY.** By James C. Wood, A. M., M. D., Professor of Gynaecology in the Cleveland Medical College, and Late Professor of Obstetrics and Diseases of Children in the University of Michigan. With two hundred and ten illustrations. Philadelphia: Boericke & Tafel, 1894.

The author has given in a clear but concise form the most advanced teachings of the American and European schools of gynaecology, supplemented by his own large experience as a teacher and practitioner. The illustrations, many of them from the Museum of the Royal College of Surgeons, London, and the clinical cases, have been chosen with excellent judgment to illustrate the text and the subjects under discussion. The clinical cases are practical, suggestive, culled from the practice of close thinkers, and calculated to bear the test of the most careful scrutiny from a scientific standpoint. As an illustration, the case of chronic ovaritis and dysmenorrhœa of twelve years' standing, permanently relieved by Dr. M. O. Terry in eighteen days with suppositories of guiac, morning and evening, shows the scientific lines of trained thought in the physician.

The work has no superior as a text-book in the department of gynaecology, and takes its place among the most important issues from the medical press.

**HOLDEN'S MANUAL OF THE DISSECTION OF THE HUMAN BODY.** Edited by John Langton, Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital; Member of the Board of Examiners, Royal College of Surgeons of England; Surgeon to the City of London Lying-in Hospital and to the Memorial Hospital at

Mildmay Park. Sixth Edition, Revised by A. Hewson, M. D., Demonstrator of Anatomy, Jefferson Medical College, Philadelphia; Chief of Surgical Clinic, Jefferson Hospital; Member Association of American Anatomists; Fellow of the College of Physicians, etc., Three Hundred and Eleven Illustrations, pp. 803, small octavo. Price, \$3.00. Philadelphia: P. Blakiston, Son & Co.

A book which is in its sixth edition, and is so well known as this, requires no introduction to the profession, and needs no review, and we simply announce that this edition has over one hundred additional illustrations, the metric measurements are placed side by side with the English, and the present editor has added many foot notes in order to bring the work to the present state of knowledge and methods.

**OPERATIVE SURGERY.** By Th. Kocher, M. D., Professor at the University, and Director of the Surgical Clinic at the Berne University. With 163 Illustrations, pp. 279, large octavo. New York: William Wood & Co., 1894.

This concise treatise upon surgical manipulations will prove a very satisfactory addition to the physician's library. Particular stress is laid upon the antiseptic treatment of wounds, and the technique, which stands next to the reliability of the antiseptic treatment. It has been the author's aim to give the briefest possible directions for a rapid posting on an operation to be performed. The section upon the different forms of anaesthesia, up to date, is very valuable, as is also the section upon "incisions," it being especially necessary to choose the border lines of nerve distributions. For the sewing up of these incisions the author's preference is rather a novel one, he preferring a continuous suture, the needle being passed alternately deeply and superficially. The other sections are very carefully arranged and interestingly written. Its simplicity of style, and its directness, are quite remarkable, and are always characteristic of the master of his subject.

**A TREATISE ON HEADACHE AND NEURALGIA.** Including Spinal Irritation and a Disquisition on Normal and Morbid Sleep. By J. Leonard Corning, M. A., M. D., Consultant in Nervous Diseases at St. Francis Hospital; Fellow of the New York Academy of Medicine; Member of the New York Neurological Society, etc. Author of "A Treatise on Hysteria and Epilepsy," "Local Anaesthesia," "Brain Rest," etc. With an Appendix, "Eye Strain a Cause of Headache," by David Webster, M. D., Professor of Ophthalmology in the New York Polyclinic; Surgeon to the Manhattan Eye and Ear Hospital, etc., etc. Illustrated. Third Edition, pp. 275, octavo. New York: E. B. Treat, 1894.

This interesting and instructive book having reached its third edition, we may conclude that the author's effort has been appreciated by the profession.

The subjects covered are of every-day occurrence with the busy general practitioner, and as he is oftentimes non-plussed in seeking a remedy to relieve these intractable affections, he will be glad of anything new and novel which offers any degree of surety in this direction.

The present edition adds an important chapter on the "Localization of the Action of Remedies Upon the Brain," which will prove to be at least suggestive, if not useful.

**A PRACTICAL TREATISE ON NERVOUS EXHAUSTION (NEURASTHENIA).** Its Symptoms, Nature, Sequences, Treatment. By George M. Beard, A. M., M. D., Fellow of the New York Academy of Medicine; of the New York Academy of Sciences; Vice-president of the American Academy of Medicine; Member of the American Neurological Association; of the American Medical Association; the New York Neurological

Society, etc. Edited, with Notes and Additions, by A. D. Rockwell, A. M., M. D., Professor of Electro-Therapeutics in the New York Post Graduate Medical School and Hospital; Fellow of the New York Academy; Member of the American Neurological Association; of the New York Neurological Society, etc. Third Edition, Enlarged. New York: E. B. Treat, pp. 262, 8mo. Price, \$2.75.

The work of the late Dr. Geo. M. Beard is so well-known to the profession, that a review is not necessary, and we shall, in calling attention to the issue of this third edition, direct attention to the fact that the editor, Dr. Rockwell, has added some important points of differential diagnosis between neurasthenia and that functional disturbance of the digestive system which is termed lithæmia, two conditions demanding methods of treatment radically diverse, a point which is not generally understood or appreciated. The work will continue to be standard.

**THE INTERNATIONAL MEDICAL ANNUAL, 1894.** A Complete Work of Reference for Medical Practitioners. The Conjoint Authorship of Thirty-nine Distinguished American, British and Continental authorities.

The "Medical Annual," in its twelfth yearly issue, brings before the practitioner in the best form for rapid reference every advance made in medical knowledge, in about six thousand references to diseases and their remedies. It contains a complete report of the progress of medical science in all parts of the world, a large number of original articles and reviews from the pens of American and European authors on the subjects with which their names are especially associated, and many prescriptions and hints connected with the modern medical and surgical treatment of disease. In short, the design of the book is, while not neglecting the specialist, to bring the general practitioner into direct communication with those who are advancing the science of medicine, no matter in what direction, so that he may be furnished with all that is worthy of preservation, as reliable aids in his daily work. An examination of the list of chief contributors will show how thoroughly representative the "Annual" is of the best views of all schools and countries. Price, \$2.75, pp. 704, 8vo. For synopsis of contents and names of contributors address the publisher, E. B. Treat, No. 5 Cooper Union, New York.

**DISEASES OF WOMEN.** By Henry J. Garrigues, A. M., M. D., Professor of Obstetrics in the New York Post-graduate Medical School and Hospital; Gynaecologist to St. Mark's Hospital in New York City; Gynaecologist to the German Dispensary in the City of New York; Consulting Obstetrician to the New York Infant Asylum; Obstetric Surgeon to the New York Maternity Hospital; Fellow of the American Gynaecological Society; Fellow of the New York Academy of Medicine; President of the German Medical Society of the City of New York, etc. Profusely Illustrated with 310 Engravings and Colored Plates. Price, cloth, \$4.00, net; sheep, \$5.00, net. Philadelphia: W. B. Saunders, 1894.

This is a practical work on gynaecology, for the use of students and practitioners. It is written in a terse and concise manner, and devotes considerable space to the anatomy of the organ.

The articles on operations and treatment are thoroughly modern, and based upon the large hospital and private practice of the author.

The author says, in writing the book he has kept constantly in view the fact that for post-graduate study the material must be concisely stated and up to date, so that his work has been done for the busy general practitioner, and is eminently practical. The under-graduate will also find the work of service.

**A CLINICAL TEXT-BOOK OF MEDICAL DIAGNOSIS FOR PHYSICIANS AND STUDENTS, BASED ON THE MOST RECENT METHODS OF EXAMINATION.** By Oswald Fierordt, M. D., Professor of Medicine at the University of Heidelberg; formerly *Privat-docent* at the University of Leipzig; later Professor of Medicine and Director of the Medical Polyclinic at the University of Jena. Authorized Translation, with Additions, by Francis H. Stuart, A. M., M. D., Member of the Medical Society of the County of Kings, Long Island; Fellow of the New York Academy of Medicine; Member of the British Medical Association, etc. Third Revised Edition, with One Hundred and Seventy-eight Illustrations, Many of Which Are in Colors. Philadelphia: W. B. Saunders, 1894.

This work has had a most unprecedented sale, so that the third edition is reached within a very short space of time. It is published in German, English, Russian, Italian and Spanish, showing with what universal popularity it has been received.

The work is considered by some of our ablest teachers to be the best that has yet been written on the subject, and in the cursory examination we have been able to give it, we should agree with this estimate.

The text is concise, clear, and methodically arranged, and we can heartily commend the book to the student, and to the general practitioner who wants a text-book on medical diagnosis.

## CORRESPONDENCE.

### OUR LONDON LETTER.

#### Editors MEDICAL TIMES:

The "Medical Assistant" is a feature of British medical practice, which exists to a degree quite unknown to us in America. In a country offering so many opportunities as ours, for the young practitioner's choice, there is but little demand for assistanceships. But in an over-crowded country like Great Britain, there must always be a large number of young, well "qualified and registered" licentiates in medicine and surgery, who, from want of means, influence, etc., feel unable to enter upon the independent practice of their chosen profession, and are glad to find places as assistants to the older practitioners—always having in view the possibility of ultimately being taken into partnership with, or of succeeding their principal. The leading medical journals have pages of advertisements for, and of, these assistants—some for "indoor," some for "outdoor," and others for "branch" practice. The "indoor" seems to include residence in the family of the principal; the "outdoor" finds his own board and lodging; the "branch" assistant may have his residence and work at some colliery or village, quite apart from his principal. The compensation for services as "indoor" assistant, ranges from £80 upward, per annum; that of "outdoor," from £120 upward, dependent largely upon his medical qualifications, experience, extent of duty assigned him, etc.

Then there is the *unqualified* (and of course, unregistered), assistant, who is—oftener than he should be—employed by some thriving practitioner from motives of economy. The "unqualified" is generally an advanced student in medicine, reading for his final examinations; or, a person who has passed a full curriculum of study, but has, for some reason, failed to secure the requisite qualification for practice, though he may have acquired a very considerable practical knowledge of its details. Of course, being unregistered as a practitioner, he cannot give death or vaccination certificates, and his mistakes and failures, if he makes any, have to be "covered," as it is termed, by the legal status and signature of his employer, who rarely sees any of his assistant's cases, except they be serious, or likely to prove fatal. The employment

of this class of assistants is fraught with possibilities of danger and annoyance to the employer, and is a flagrant injustice to the community, since the uninformed public naturally assume that the assistant is as fully qualified as his principal. Moreover, since a registered practitioner cannot recover, in a court of law, any charge for professional services rendered wholly by an unqualified assistant, the acceptance of fees for his services, either by himself or his principal, is equivalent to obtaining money under false pretenses. Still, indefensible as is this employment of unqualified assistants, and sternly as it is condemned by the General Medical Council of Great Britain, as well as by the code of medical ethics, there are still to be found practitioners whose greed outweighs their fears of the consequences which might arise.

The temporary assistant, or *locum tenens*, is generally a licentiate fresh from the schools, or one who has failed to secure a permanent assistanceship; or, he may be one of those professional "misfits," whose peculiar temperaments, habits, vices, or "some screw loose" in their mental or moral make-up, seem to debar them from ever becoming a fixture anywhere. The land is full of these latter—poor "victims of circumstances,"—and, taking the good with the bad, though they may all be professionally able, yet the doctor who selects one to take charge of his practice during his summer vacation does so largely at his own risk. The ordinary *locum tenens* wage is three guineas (a little over \$15) per week, with board.

Medical partnerships are much more common here (and especially in London) than with us; as is evidenced by the advertising pages of the medical journals. There are several large and responsible firms which devote their entire attention to the sale and transfer of medical practices and partnerships, the introduction of *locum tenens* and assistants, etc., throughout the United Kingdom. These partnerships do not seem to arise, as they generally do among us, from motives of personal respect and sympathy of tastes, etc., but are purely business combinations. A physician finds himself with a practice which (both as to its size and extent of territory covered) is increasing on his hands, somewhat beyond his ability to manage to the best advantage. He may, also, be in need of a "lump sum" of cash in hand. So he looks around for a partner who has "the ready" to invest; who will be willing to attend to that portion of the practice, which though becoming less valuable to himself, is still worth retaining; and who, by residence at some other point of the territory can help to hold and extend the business. Thus, the parties may, and indeed generally do, reside at a considerable distance from each other—sometimes miles apart. If they have a surgery, its attendance is divided between them; or, they may establish several surgeries, putting each under the care of a qualified (or an unqualified) assistant; thus leaving themselves free to attend to the better portion of the practice. I know of one such case where there are five partners with several surgeries, and it can well be imagined that their combined practice covers a good deal of ground. Into these partnerships, as I have intimated, no sentiment intrudes itself—the proper requisite professional qualifications, the ready purchase money, the personal character are the essentials demanded. Outside of these each partner may be as widely different from the other as can well be imagined, each works up and attends to his own practice to the best of his ability and in his own manner, each calls in his partner or some other man, just as the fancy takes him, for consultation or aid, each supplies his own *locum tenens* when absent, or in case of illness; on the door-post of each partner, besides his own brass plate is another having the firm-name, as also on their surgery or surgeries; accounts are made out and rendered, and payments received by each partner in the firm's name. These partnerships are all framed in surest and most legal manner—after a full investigation of the state of the practice itself, and of the books, accompanied by its valuation by accountants experienced in medical business matters—nothing is left at loose ends, but all is conducted on business lines, pure and simple. Each man's share in

the practice is a salable piece of property, either for the benefit of his heirs if he dies, or for his own if he chooses to sell out.

Some of these partnerships turn out very well for all concerned; others, again, prove to be disappointing and exasperating. For those who have the money to invest, they probably effect a decided saving of time and labor in the securing of a living practice. In America I doubt if the system can ever become general; for there, the wider and more sympathetic relations existing between the physician and his patients in all classes of society naturally precludes him from viewing their "good will" as a component part of the "practice for sale;" and, on the other hand, the "free and independent" patients themselves would resent the implication, either in words or in act, that they and their good will were simply so much "property" to be transferred by their family doctor to his successor. The "inalienable rights" of life, liberty and happiness guaranteed to them by the Declaration of Independence is synonymous, in their minds, with the right to choose their own lawyer, doctor and clergyman; and their "good will" in any of these relations of life is a marketable commodity only so far as it is confirmed by their own judgment and personal liking.

I have just referred to "the wider and more sympathetic relations" existing in America between physician and patient, and this invites to a consideration of the relative social status of the physician in Great Britain and in the United States. This lately much mooted point is a delicate as well as difficult matter to discuss, since the social systems of the two countries differ so widely as to render an equal comparison almost unattainable. It seems to me, however, as far as some years of residence in Great Britain qualify me to judge, that the physician has a decidedly better social standing in the United States than here. The absence of any hereditary classes, privileges and traditional precedents, which in the Old World countries tend to force society into sharply defined strata, gives to American society a spontaneous and homogeneousness of social life favorable to the fullest development of the individual. Consequently, the professional man, be he lawyer, clergyman or doctor, is brought (both in and outside of his professional relations) more directly in contact with society as a whole; and, therefore, by virtue of that fact, becomes more of a power in society—and "counts for all he is worth," as the slang phrase puts it, to a much greater degree than he can possibly do in the closer restricted lines of British or Old World Society. Looking over the profession in the United States, especially in its cities and large towns, we see physicians holding high positions of active usefulness and influence in every department of art, science, literature, public utility, etc., to a degree which cannot be equalled in any foreign land. As moulders of public thought and action, by the virtue of the very standing which their professional acquirements give them, they are wielding an immense influence upon society; and, in doing so, do not feel themselves to be at all restricted by ancient axioms of "professional dignity," or by the "hard and fast" environments of any "privileged classes." At least, that is the way it looks to me.

HENRY R. STILES, A.M., M.D.  
London, Eng., April 1, 1894. (Univ. N. Y. City.)

#### FRACTURES OF THE LOWER END OF THE RADIUS, WITH FORWARD DISPLACEMENT OF THE CARPAL FRAGMENT.

*Messrs. Editors:*

I shall be greatly obliged if you will inform your readers by a short note that I am particularly anxious to know of any cases of fracture of the lower end of the radius, with forward displacement of the carpal fragment. Notes of cases, references to published reports, or information of specimens in museums, will be of much interest to me.

Yours truly, JOHN B. ROBERTS.

March 27, 1894. 1627 Walnut St., Phila., Pa.

#### SCIENTIFIC SOCIETIES OF PARIS.

##### BIOLOGICAL SOCIETY.

*Effects of Microbic Infection of the Biliary Passages.*—MM. Gilbert and Dominici experimentally infected the biliary passages with different microbes, viz., the streptococcus, the staphylococcus aureus, and the pneumococcus. With these pathogenic agents they obtained a certain number of lesions, cellular necroses, cirrhoses and abscesses. They particularly call attention to this point: that in three of the animals the ductus choledochus was obstructed by a mucous plug, which was favorable to the old theory of icterus by retention. The existence of the plug was due to an intense inflammation, of microbic origin, of the internal walls of the choledoch duct.

*Toxic Effects of Mitral Obstruction Upon the Serum of the Blood and the Urine.*—MM. Bar and Renon investigated the toxicity of the serum of the blood and the urine in a woman affected with mitral obstruction, whose death was caused, during pregnancy, by asystolic effects. The toxicity was very considerable, and appeared to be due to old hepatic lesions, which, according to MM. Bar and Renon, serve to explain the asystolic effects observed in this case.

M. Arthur has determined that caseine fermentation and milk coagulation are found not only in the gastric juice of young animals, but also, with pepsine, in old animals. It is then a persistent ferment, whose rôle in digestion is very active.

##### ACADEMY OF MEDICINE.

*Cardiac and Gastric Affections Produced by the Habitual Attitude of Students.*—M. Motais showed the evil effects of this attitude. The student curves his body forward and to the left by leaning over his desk. This is an important cause of myopia and of deflection of the vertebral column. It produces dyspepsia by pressure upon the stomach and inflection of its anterior face. The capacity of the thoracic cavity is also diminished. The large vessels of the neck are distorted, resulting in cardiac disturbance and the palpitation so often seen in college students. In advanced life this vicious habit among the employees of bureaus and clerks exercises a very bad influence upon the stomach and heart. Many dyspeptics and cardiac sufferers are relieved by writing in an erect position. Literary persons should always maintain this position during writing, especially after eating.

*Progressive Proliferous Endarteritis—Inflammation of the Lining Coats of the Vessels.*—M. Laveran communicated the case of a patient who had undergone, after an interval of two years, the amputation of both legs for dry gangrene. The anatomical examination of the two limbs showed a progressive proliferating endarteritis. The patient had had violent attacks of paludal infection, which would seem to indicate paludism as an efficient agent in the etiology of endarteritis.

*Nature and Treatment of Goitre.*—M. Chenier advanced the opinion that the thyroid body is an annex of the skin, and the cure of goitre may be obtained by changing the vitality of the skin of the cervical region.

##### HOSPITAL MEDICAL SOCIETY.

*Nature of Basedow's Disease.*—The effects of thyroidal treatment recall some of the traits of the disease of Basedow, viz.: Tachycardia, elevation of temperature, insomnia, polyuria, albuminuria, incomplete paraplegia, copious sweating, etc. This sustains the opinion of Gauthier de Charolles in France, afterwards of Moebius, and repeated by Renault and Joffroy, that the nervous troubles were only symptomatic of the thyroid affection; without the disease being necessarily of thyroid origin, certain phenomena should be attributed to functional disturbance of the gland. The "primum movens" of the disease is found in a disturbed condition of the great sympathetic, producing functional superactivity of the gland, and symptoms of the disease. In effect, in a case of myxedema treated by the thyroid treatment, there was neither exoph-

thalmia, nor the symptoms of Graefe. In many cases of Basedow's disease, treated by carotid ligation or ablation of the thyroid body, the exophthalmia persisted. Then this last symptom, is, in a certain measure, independent of the action of the thyroid body. The theory of the thyroidal origin of this disease is inconsistent with the violent attacks of it following vivid emotional influences. It is, moreover, very singular that this affection is frequently observed in tabes, and in diseases in which the whole nervous system is involved.

#### THERAPEUTIC SOCIETY.

*The Compounds of Cod Liver Oil: Their Applicability to Various Diseases.*—M. Patsin read a very complete and interesting report upon this subject. He said, cod liver oil is most easily digestible because of the biliary principles which it contains. Moreover, the oil has important exciting and thermogenic properties, due to the phosphorus and iodine in organic combination which it contains, and also to the numerous alkaloids which have been isolated by MM. Gautier and Mourguès. These alkaloids, which are butylamine, amylamine, oxylamine, dihydro-butyline, aseline, morrhuiine, morrhuiac acid, etc., exist especially in the light oil, and result from an auto-digestion of the liver after three or four days' maceration. It is an autodigestion, not a putrefaction, for during this time the liver has an acid reaction, while, during putrefaction, the reaction is alkaline. M. Patsin then summed up the applications of cod liver oil, and they embrace rachitis, pulmonary tuberculosis, rheumatism, in which the action is somewhat doubtful, external application of the oil in various dermatoses, etc. He also marked its inconveniences, its repugnant taste, purgative effect—if the dose is exaggerated—and the fatty excess, if abused. The dose must never exceed 100 gr., only used in winter, and treatment to be suspended from time to time.

*Pseudo-membranous Angina.*—M. Piedalu proposed the following treatment in the above affection. It has been very serviceable in those forms of angina whose false membranes showed, upon bacteriological examination, that they contained the bacillus of Klebs-Loeffler. The treatment consists in the administration of a syrup of the following formula:

Simple syrup.	-	-	1,000 grammes.
Ioduret of potassium,	-	50 "	
Biniod. merc.	-	-	0.50 "

Dose, table or dessertspoonful every two hours, according to age.

At the end of a few hours, signs of the mercurial action will be manifest; then diminish the quantity of syrup. The membranes detach themselves, and may be removed, and Van Swieten's liquor may be applied three times daily.

*Lethargy Simulating Death.*—A curious incident has just occurred at Marseilles. Mademoiselle M.—, aged eighteen years, seemed, for six days, to have breathed her last. But the usual cadaveric decomposition had not taken place, and it was supposed to be a case of lethargy. Notwithstanding the opinion of the physicians appointed to make the examination, the family were opposed to the burial, in which also a number of friends and neighbors concurred. The Mayor of Marseilles, too, deferring to the popular opinion, gave orders to suspend the obsequies. For several days the lethargy continued, until finally decomposition manifested itself unmistakably. The burial then took place, in the presence of large numbers of the population.

Here was a case for the physicians to have recourse to the thermometer, which would have dissipated all doubt as to the real existence of death. The *Progrès Médical* has reported several such cases to the Société de Cremation (the Cremation Society).

#### BIOLOGICAL SOCIETY.

M. Calmettes made a communication upon the artificial immunity of animals against the poison of serpents. He

used the poison of the cobra, the viper, and two very venomous serpents of Australia. These poisons were rapidly destroyed by the permanganate of potass, the chlorides and the hypo-chlorides; on the contrary, they resist acids, and most of the reputed antiseptic agents, such as the bichloride of mercury and nitrate of silver. Heat does not completely destroy their toxicity; it simply causes the local edema at the point of inoculation to disappear. Immunity can only be acquired by the saturation of the body with an anti-toxic agent, such as the chloride of gold or the hypochloride of soda, or by injection of a mortal dose, followed by curative treatment by the aid of these same agents. The serum of animals that have been immunized, is anti-toxic against poisons from other sources.

*Purpura and Erythema from Streptococci.*—According to MM. Widal and Therese, the real interest of observations upon purpura is in bacteriological examination. Most of the ordinary microbes seem to have the power of creating purpura in man. The toxic substances formed by these pathogenic agents suffice to put the vaso-dilator system in an intense condition of excitability which produces hemorrhage. In every form of purpura it is interesting to look for the port of entry, especially by bacteriological investigation. This is illustrated by the following case: A typographic operator, aged thirty-eight years, entered hospital for acute pains in upper and lower limbs, accompanied with purpuric spots, epistaxis and hematuria. There was mitral lesion of rheumatic origin, and chronic nephritis, whose date was uncertain. No redness or swelling of the articulations, urine albuminous and contained cylinders. On elevation of the temperature, spots disappeared, and an erythematous eruption, recurring at frequent intervals, terminating by a furfuraceous desquamation. Autopsy revealed lesions which had been diagnosed, and the presence in the capillaries, of the streptococcus already found in the blood during life. It had penetrated the summit of the lungs, which were affected with initial tuberculosis. Then the streptococcus may, by determining a secondary infection in a tuberculous patient, also occasion hemorrhages as well as suppurations. M. Widal presented a case of phlegmocoeous angina, in which the bacillus coli was found in a state of purity. In a case of white false membranes, the bacillus coli, associated with the streptococcus, was also discovered. According to M. Marfan, purpura is rare in chronic phthisis, but seems to be much more frequent in the acute form.

J. A. C.

#### MEDICAL NOTES AND CRITICISMS.

##### DR. SEARLE AND THE EXAMINING BOARD.

The controversy in the Board of Medical Examiners for the school of Homœopathy, which culminated nearly a year ago, has resulted in the retirement of the minority. Dr. W. S. Searle. After his defeat, retiring was dictated by self-respect. The stand he took for a medical, and not exclusively Homœopathic examination of candidates for the practice of medicine, meets the approval of medical men generally. That he was over-ridden, and overwhelmingly over-ridden, is a fact which makes every Homœopathic physician, who holds the *standing* of his school above its *éclat*, hang his head.

We were never in favor of triple boards of examiners. Our regard for the opinion of the intelligent part of the community, say rather, of the world, is such as to have constrained us to forego any disadvantage an old school board could have inflicted on students of Homœopathy. Triple schools of medicine are a disgrace to the intellectual "autonomy" of the profession, and triple boards of examiners for license to practice *special tenets on a confiding community* but emphasize that disgrace. The need was for a single board of examiners, so constituted that any candidate who aspired to the practice of a

specialism could have been examined in that, as well as in general medicine. The law should have been provided for a mixed board of examiners; the rest should have been left to the good sense of the Regents, uninfluenced by the factious interference of the medical societies.

But what should have been done and what was done, differ widely. Having established triple boards of examiners, it was incumbent on every board to make its examinations broadly medical. And it is due to the original framers of the bill, on the part of the Homoeopathic school, to say that this is what they really intended to do, and would have done, had they not been over-ruled by a bare majority of the board.

This is evident from the statement of facts as given by Dr. Searle:

"I have but one word further to say, upon this question of tenets. I wish to state a fact, and shall do so absolutely without comment. Both in public and in private, in writing and by word of mouth, those who differ from me have expressed a wish that we might, as a board, legally examine candidates upon matters lying in the ground common to all physicians, have acknowledged the importance of such examination and regretted that, under the law, it would be illegal. On the 31st of March, 1893, Dr. Paine, Secretary of the Homoeopathic Board, notified its members that the revisors of the law, assisted by the Secretary of the Regents, were about to change Section 5 of our organic law so as to omit the word 'tenets' and to make the clause read as follows:

" Except that in therapeutics, practice and *materia medica*, all questions submitted to any candidate shall be chosen from those prepared by the board selected by the candidate." It is a fact that three out of the seven examiners approved this change. It is also a fact that four members opposed the omission of the 'tenet' phrase, and that an influential committee hastened to Albany and successfully labored to retain the said phrase. \* \* \* \* \* To quote from the letters of those who drew this law would take up too much space. They expressly and repeatedly assert that such was not their intention. I have letters from both Dr. Talcott and Dr. Paine, asserting that they were responsible for the phrase referred to, and that their purpose was to fence out intruders, not fence in ourselves. It is, I believe, a principle of law that the words of an enactment should be interpreted by the declared intentions of its framers."

A part of the law which relates to this subject reads as follows:

" Except that in therapeutics, practice and *materia medica* all the questions submitted to any candidate shall be chosen from those prepared by the board selected by the candidate, and shall be in harmony with the tenets of that school as determined by its State board of medical examiners."

It is clear from the wording of the above extract that no Homoeopathic candidate can legally be required to submit to an examination in old school *materia medica* and therapeutics; and when Dr. Searle put in the syllabus the question, "What are the physiological effects, uses and doses of drugs," a few zealous supporters of "our school" became alarmed for the autonomy of Homoeopathy and made an appeal to the Regents to have the offending sentence expurgated. Since the Regents had no authority to comply with their request, except as conferred upon them by the State Homoeopathic Medical Society, a few members of that body were speedily gotten together, in extra session, and in a remote part of the State, and by vote promptly expunged the sentence to which these self-constituted conservators of Homoeopathy had taken exception. Dr. Searle protested against the proceeding as ill-advised and illegal, but in vain. The concurrence of the other members of the board had already been obtained. Protests were idle.

Objection has been made, and properly so, we think, to the phraseology of this sentence. Drugs have no physiological effects or uses. Only the *normal* actions and re-actions of the economy may be regarded as physiological. Drugs are inimical to the organism and are, therefore,

toxic or pathogenic in their effects. The sentence in the syllabus which was expunged should read: "What are the toxic or pathogenic effects, uses and doses of drugs?" But this is technical criticism. The term "physiological" is in use in this connection, by both old and new schools. For instance, Millspaugh's "American Medicinal Plants," Paveira's "Materia Medica," and all old modern school writers on *materia medica*.

Thus discomfited, Dr. Searle wrote an open letter to the press, giving a history of the transaction and the reasons which actuated or influenced his course. The letter is one of great force and pungency and does honor to the writer's *Alma Mater*. Would we could give it entire, in spite of parts of paragraphs, here and there:

"Let us now contemplate," he writes, "the effect of the narrower construction of the law, and of omitting the 'physiological effects, uses and doses of drugs' from the examinations of the State board. What will thus be barred out?

"First.—Anæsthetics, local or general.

"Second.—Antiseptics and all included therein.

"Third.—Germicides; the treatment of parasites.

"Fourth.—Heart stimulants, including the uses of digitalis, strophanthus, etc.

"Fifth.—Diuretics, in all the forms of dropsey.

"Sixth.—The employment of ergot for its primary effects.

"Seventh.—The use of mydriatics in iritis, of esserine in glaucoma, etc.

"Eighth.—The employment of anodynes in relieving pain.

"Ninth.—The use of apomorphia and other emetics.

"Tenth.—The use of quinine for its primary effects.

"Eleventh.—The local treatment of uterine diseases, of catarrhs, of ulcers, general or special or specific, of diphtheria, of chancre and chancroid, of sunstroke, of diseases of the bladder and stomach, of ophthalmia, neonatorum or gonorrhœa, of otorrhœa.

"Twelfth.—The use of external and internal cold or heat, of external irritants or emollients, of enemata, of iodine, of haemostatics.

"Thirteenth.—The treatment of syphilis in some of its forms by iodide of potash.

"Fourteenth.—The treatment of tetanus, hydrophobia, delirium tremens, convulsions, uremia, trichinosis, of paroxysm by electricity, etc.

"Fifteenth.—The intelligent care of patients who daily come to us from the old school, suffering with drug effects.

"Is it possible in these last days of the nineteenth century that the Homoeopathic Medical Society of the State of New York will allow its examining board to ignore such a field as this?"

It certainly does ignore this field of practice, as likewise do the Homoeopathic Medical Colleges, in confining their teaching of *materia medica* and therapeutics to the tenets of Homoeopathy. Had Dr. Searle's syllabus been allowed to stand, it would have compelled Homoeopathic colleges to introduce a chair of old school medicine to teach *materia medica*, as well as symptomatology, which it is indispensable that every physician should know. The MEDICAL TIMES has labored to this end for many years, but in vain—and yet not wholly in vain, for the signs of the times indicate that its labors are to be rewarded at no distant day.

To show the need of this larger qualification on the part of Homoeopathic students, Dr. Searle makes the following statement in the letter to which we have referred:

"As a commentary upon these latter sentences I will state the following facts: Within a few days of the present writing an examination was held at a certain Homoeopathic hospital for members of the house staff. There were eight candidates. Among other questions, these were asked: 'What are the physiological doses of tinctures of aconite and belladonna and of strychnia?' One candidate gave twelve drops as the dose of tincture of aconite. Another gave one drachm as the dose of the

tinctures ofaconite and belladonna, while the dose of strychnia was stated to be one-half grain."

This is, of course, "telling tales out of school," but if a man is unable to improve the methods in vogue within the schools, what other course is left for him to take?

The Doctor closes his argument and appeal in the following pregnant words:

"Neglect or refusal, on the part of the board, to fulfill this most important duty will furnish to our enemies a just and real argument against the autonomy of both our board and school. Suppose one of our licensees to testify, as a witness, that the physiological dose of the tincture of aconite is a teaspoonful, or, as a practitioner, to prescribe strychnine in doses of half a grain, and couple such exploits with the fact that our board had demanded from him no evidence of his possession of knowledge of this sort; in what a sorry plight would our board and the system of medicine it pretended to represent be placed? Nor is such a contingency impossible, for, I am sorry to say, it is not long since a Homœopathic physician did testify that the ordinary dose of morphine is five grains, while the above quoted examination affords evidence of quite as monstrous ignorance on the part of even recent graduates.

"And, although, with Dr. Lewis, my opponents admit that there is a 'vast field' outside of Homœopathy where the young practitioner must labor, and where he must use double edged and dangerous weapons, both he and they would strip this board of its power to ask even a pitiful three questions as a criterion of their possession of such absolutely essential knowledge. I submit that this is not honest; it is not true to our historic or natural selves; it is not fulfilling the duty we were appointed to do by society at large. I earnestly request those members of the State society who agree with me to see to it by their votes that a broad, liberal and consistent policy be adopted, and that in tones which cannot now or hereafter be misunderstood."

D. A. G.

#### THE DISPENSARY ABUSE

*Facts of Vital Importance.*—The succession of moderate fees, large in the aggregate, which would be a guarantee of a sure income, and which is the main dependence of the majority of practitioners, is lost through the abuse of dispensaries. The medical men in charge of dispensaries are indifferent to the suffering caused by their treating gratuitously people able to compensate, and have frequently remarked, "Well, what are you going to do about it? Yes, it is wrong, but you will have to bear it." "I am indifferent as to what the profession think," said another. Country practitioners suffer from the loss of patronage, which leaves the smaller places to seek dispensary treatment in the cities. Pharmacists are injured almost as much as physicians, and are in earnest sympathy with the Alliance's success. Diet kitchens have been established in Baltimore to show the iniquity of the arrangement; *only dispensary physicians* can send applicants to them.

*How to Prevent Fraud.*—I think the worthy poor should be allowed to select their medical adviser, to be rewarded by city authorities, and to allow the medical man the liberty of declining the same as the poor to select. One physician to each ward should be appointed, paid by the city, and be compelled to treat cases declined by physicians, and be paid for treating patients preferring the ward physician. The names and addresses of patients to be sent to all the practicing physicians quarterly. That any physician taking undue advantage of the city to enhance his income be dropped from the privilege of treating the city poor. The citizens of Baltimore are taxed direct \$301,719 for the city poor, and \$11,450 for dispensaries per annum. This sum represents but a portion of the large amount subscribed by individuals, churches and societies for what they consider is helping the worthy poor. The Medical Alliance is incorporated, the only organization whose sole purpose is the welfare of its members and their

families. Medical men are suffering all over the United States on account of their inability to force payment from those able but unwilling, and the lack of patronage caused by dispensary abuse. No one man can remedy this, but it can and will be promptly remedied by joining our organization, and all working for our weal. The views expressed in this article are my individual views; the Alliance is governed by the votes of its members. The cost of membership is very small—\$3.00 for the first year, and \$2.00 for each succeeding year. A beautiful certificate of membership, suitable for framing, is sent to each member. Those desirous of joining, address Dr. C. L. Fitch, New Haven, Conn., enclosing \$3.00. If pamphlets are desired, address Dr. C. Edson Civey, Port Huron, Mich., or Dr. J. H. DeWolf, Baltimore, Md., enclosing six cents in stamps.

J. H. DEWOLF.

Baltimore, Jan. 10, 1894.

#### TRANSLATIONS, GLEANINGS, Etc.

##### RETROSPECTIVE THERAPEUTICS.

*An Illustration of Law in Therapeutics.*—S. A. Jones M. D. Abstract of a paper read before the Saginaw Valley Medical Society.—It is some twenty-five centuries since the Hippocratic aphorisms were written; it is only some twenty-five years since Sir Thomas Watson said:

"The society which we are founding to-night seems to me well calculated gradually to bring about that which, in my judgment, is what is really the end and object of all our labors—the application of remedies for the cure or relief of disease. Certainly, the greatest gap in the science of medicine is to be found in its final and supreme stage—the stage of therapeutics. \* \* \* We know tolerably well what it is that we have to deal with; but we do not know so well—nor anything like so well—how to deal with it." And then he said, in the very faces of the first physicians of Great Britain: "To me it has been a life-long wonder, how vaguely, how ignorantly, how rashly, drugs are often prescribed. We try this, and not succeeding, we try that; and baffled again we try something else; and it is fortunate if we do no harm in these our trying. Now, this random and hap-hazard practice, whenever and by whomsoever adopted, is both dangerous in itself and discreditable to medicine as a science."

But he is by no means paralyzed into do-nothingness by the Hippocratic dictum; on the contrary, he declares:

"There are cures as well as recoveries, and there are remedies that are equal to the cure. \* \* \* The influence of drugs upon the bodily conditions of health and disease is indeed most real. \* \* \* Still, of therapeutics as a trustworthy science, it is certain that we have, as yet, only the expectation."

If anyone within the sound of my voice imagines that these citations are made in the narrow spirit of the partisan, or with the intolerance of the bigot, he mistakes me. If any practitioner of medicine is not touched by the moral bravery of Sir Thomas Watson's inaugural address at the founding of the Clinical Society of London, I declare him unfit to be a physician. I care not with what "school" he may enroll himself; he is simply and only a charlatan in any school. It is not with such that I would meet to sincerely inquire is it true that "of therapeutics as a trustworthy science it is certain that we have, as yet, only the expectation?"

I do verily believe in the reign of law in therapeutics. As "there are cures as well as recoveries," it inevitably follows that there are *operative* curative agents. Sir Thomas Watson said, "there are remedies that are equal to the cure." Instead of "remedies" I used the words *curative agents*, and I did this because the word "remedy" is apt to be understood in too restricted a sense. All the "remedies" are not included within the covers of our

"Materia Medica," though many of us chirp and chuckle to that effect. Still, when Sir Thomas Watson said, "there are remedies that are equal to the cure," he meant drugs pure and simple; and by a "trustworthy science of therapeutics," he undoubtedly meant the mere drug-giving part of treatment. It is, then, in this sense that I wish to be understood when I say that I do verily believe in the reign of law in therapeutics; that is, I believe that there is law to designate the appropriate drug for a given condition; that this is not mere hypothesis but a demonstrable fact, and that this law is not deduced from hypothesis, but from carefully conducted and positively confirmed experiments.

I claim, further, that in a "trustworthy science of therapeutics" the experiment is not made upon the sick, but on the well. The experiment with the drug upon the organism in health determines what is termed the physiological action of that drug; and I affirm that the physiological action of a drug determines its application in disease, and, therefore, that the therapeutical application of the drug thus designated by its physiological action is not a tentative clinical experiment but a positive demonstration of law in therapeutics.

I shall illustrate its application by citing a case of disease, such as I had never seen before, that was successfully treated by such a drug as I had never used before, and concerning which I cannot learn that there is any recorded instance of a similar application of it.

Winifred, a little brunette of eight years of age, about a month ago began to have trouble with her eyes, which has steadily increased. At present, on looking intently at the blackboard the eyeballs begin to ache. On attempting to read, the letters begin to "dance." Continuing to look at them, they turn of a blue color and the blue is bordered with red. On account of this state of things she cannot read a word of three or more syllables. She can read "little bits of words like *and, but, the, easy*." They also have the blue and red coloration and they "dance" some, but not enough to perplex her.

She further says the pain in her eyes comes on slowly, and, when she ceases using them, goes away slowly. Moreover, her eyes are affected by changes of temperature. The balls ache and there is profuse lachrymation when she first goes into the open air, and conversely, but not so severely, when she goes from the open air into the house. On first going into the air she is obliged to close her eyes, but after being out awhile she can open them as well as ever. Her eyes are always better when in the warm room.

The tarsi are reddened and thickened, and these conditions are worse in the lower lids—the inner surfaces of which are slightly granulated. She says it feels as if she had sand and sticks in her eyes.

Her voice is somewhat nasal; the nose is "stopped," and she says she blows "yellow stuff" out of it. At night, when she is sleeping, a yellow discharge runs from her mouth, and in such quantity that her pillow is stained as if pus had dried thereon. Her breath has so vile an odor that her little brother will not play with her.

She has lost all appetite for ordinary food, but can eat inordinately of the richest cake. She craves sugar and all sorts of sweets.

The carbonate of strontium was given, and in forty-eight hours the subjective symptoms were markedly relieved. In sixty hours she could read a book without seeing the colors and without the letters "dancing." The remedy was continued, and, under the same conditions, the eyes ceased to water as formerly, the stiffened appearance so characteristic of granular lids, together with the redness and roughness of the inner surface, disappeared; and within ten days the discharge from the mouth ceased. The odor of the breath had improved, and was finally wholly corrected by a few doses of aurum.

The speedy relief of the distressing subjective symptoms, and, considering the dyscrasia, the early disappearance of the objective, were the assurance that the remedy had fulfilled Celsian requirement for the model cure,

namely, it brought that about quickly, safely and pleasantly. In the name of humanity I denounce that pseudo-science which would palm off upon dying men a part for the whole. It is not enough to determine the "physiological action" of a drug—that is the pastime of the laboratory; we demand the sacred service of the hospital that shall exalt the drug into the remedy, and that under the direction of law which is the same yesterday, to-day and tomorrow.

**Glycosuria Produced Experimentally in Animals by Psychical Excitations.**—Paul Gibier, M. D., Director of the New York Pasteur Institute, recently read a paper upon this subject before the Biological Section of the N. Y. Academy of Sciences. He said: \* \* "Glycosuria may appear spontaneously in animals and cause death, but in such cases the etiology of the disease appears to be, if possible, still more obscure than it is in man. In the latter it is admitted that glycosuria may appear under the influence of numerous causes; as in lesions of the nervous system, the liver and the pancreas; traumatism, intoxications, or poisoning, and disorder of nutrition. Without discussing the opinions of theorists on diabetes, who have proposed many classifications of this disease, one may say that it is generally admitted that glucose may be detected in the urine of man after certain mental disturbances, as, for instance, on the eve of a dreaded surgical operation, after great worry, the loss of a fortune by ruined financiers, whose hygienic state is generally favorable to the disease. In short, the influence of any violent moral commotion, of variable duration, predisposes the victims to this affection, and, without appreciable prodromata, glycosuria takes root and often completes the destruction inaugurated by anxiety.

"If analogous instances have been observed in animals, I have been unable to find any reports in the literature of the subject. For this reason, I consider the following observation, which I made in the course of researches on diabetes mellitus, as sufficiently interesting to lay it before the Academy.

**Experiment.**—A female dog, aged about 4 years, was placed under observation while at liberty with the other dogs utilized in the laboratory of the Institute. Its urine, tested repeatedly for sugar, for several successive days, gave no reaction with the cupro-potassic, or Fehling's fluid, and when decolorized and examined with the polariscope there was no deviation of light. When this dog, which is of an affectionate, timid and jealous nature, is placed in its cage alone, it whines continually, and when it sees the other dogs enjoying liberty, its cries become unbearable.

"When the dog was shut up on the first occasion its urine gave no reaction for three days, but on the evening of the fourth day it contained 5.55 per 1,000 of glucose, as demonstrated by Fehling's fluid and the polariscope. The glycosuria persisted as long as the captivity, but, on the day after the dog was set free, the sugar disappeared.

"The same experiment was repeated six times on this dog with the same results, viz., that, after four, three and even two days of incarceration, glycosuria appeared, while it disappeared (after one, two or three days) when the prisoner was allowed to enjoy liberty and the company of the other dogs. The quantity of glucose was 6.66 in one of the experiments, 8.88 in another, and in a third it was 25 per thousand, a very high ratio compared with that observed generally in animals affected with diabetes.

"Glycosuria did not occur when the animal was shut in with a companion. No comparison was made with regard to the quantity of urine, drink and food.

"The experiment tried with another female dog of seemingly apathetic nature gave negative results.

"This fact demonstrates that some animals, like man, are susceptible of being affected with glycosuria under the influence of psychical excitation. To my mind the deduction which may be drawn from this fact is that the experimenters who attempt to produce diabetes mellitus in

animals by operations should take the emotional factor into consideration, and to remember that vivisection may sometimes affect the animal as much in its psychical entity as in its material body.

"Again, enlightened by this observation, we may be able to ascribe some cases of apparently spontaneous diabetes in the dog, ape, horse, etc., to the influence of various psychical causes, as change of condition or residence, the loss of a dear companion or beloved master, captivity, etc.

"Certain philosophical considerations may also be deduced from the existence of this common link between the inferior order of emotions of man and those of the lower animals, but those interested in moral or intellectual problems need not be solicited to reflect upon this aspect of the subject."

[The writer once possessed a valuable Scotch terrier dog which died of glycosuria, caused, as he believes, from traumatism or from the concussion of jumping, as this dog would jump higher than any other animal of the kind probably ever seen.—A. K. H.]

**Alterations of the Urinary Stream.**—Dr. Alexander Payer, of Zurich (*Wien. Med. Presse*) has made a study of the changes in the urinary stream.

**Projective Force of the Stream.**—A strikingly long stream is characteristic of a pathologically developed detrusor, due to hindrances to micturition in the urethral canal, such as follow moderate strictures, a narrow external orifice, or from spasm of the detrusor. Weakening of projective force of the current is, at a certain age, pathognomonic of prostatic hypertrophy, and is seen in weakening of the detrusor from chronic inflammation of the mucous membrane and muscular tissue, from neglected gonorrhœa, in atony from fatty degeneration of the muscular tissue, as in the course of acute infectious diseases, like typhoid fever or dysentery, and from voluntary retention of the urine where micturition is painful, as in stone in the bladder and fissures of the neck of the bladder. A decrease of force is observed in neurasthenics and in spinal diseases and tabes.

**Decreased Calibre of the Stream.**—Hypertrophy of the prostate, or stricture, will diminish the calibre. In prostatitis the current falls vertically down, and in stricture as well, but in the former the force is not increased by pressing, while in the latter it is. Spasmodic contractions of the urethra from general diseases, may also cause a diminution of the calibre.

**Altered Form of the Stream.**—A deviation from the round form is observed as the earliest sign of stricture. In decreased force of expulsion the form is changed. Change of form is not a certain sign of stricture.

**Continuity of the Stream.**—Sudden stopping of the stream is supposed to be pathognomonic of stone, but it is rarely observed except in children. In adults, the stone must be very small and light. It is, relatively, frequently remarked in spasm of the sphincters in neurasthenics.

**Starting the Stream, etc.**—A drop-by-drop passage of the urine is characteristic of great stricture and great pressure. In some cases there follows a round and strong stream when it started drop by drop; spasm of sphincter.

**Dripping of Urine.**—Dripping of urine after passage of the stream is a frequent occurrence, and is of varying importance, according as it appears after voluntary urination—a short time after—or in the intervals. It is due to a relaxation of the muscular tissue of the urethra, and the urethra lying in a half opened condition does not press the urine out over the bulbous portion, so that it accumulates and is suddenly ejected after urination, or it drips away slowly during walking. Narrow strictures also cause it, where the portion posterior to the stricture fills like a sack, and unless emptied by milking movements by the patient, it drains away afterwards. Abnormal narrowness of the orifice or very great phimosis are other causes. Involuntary urination may occur at any time, while dripping only follows urination.

**Hygiene of Schools.**—(Translated from *Journal of Hygiene*, by W. Thornton Parker, M.D., Groveland, Mass.) I.—General measures which should be taken to prevent contagion.

The schools should be provided with an abundant supply of pure water (spring, filtered or boiled water). Pure water is often unobtainable by scholars, particularly in country districts. The water closets, privies, etc., should be widely removed from the school rooms. They should be cleaned frequently and thoroughly, and regularly disinfected. During the hours of recreation and at night, after the departure of the scholars, the class rooms should be well aired, by opening all the windows. The cleaning of the floor should not be done by dry sweeping; a damp cloth suitably disinfected should be used. At stated times a very thorough cleansing of the floor with plenty of antiseptic water should be made. (*Sanitas* in solution is an admirable application.) The whole school-room, ante-rooms, stairs, etc., should be thus cleansed at least every two or three months, and always at least once during vacation. The personal effects of the scholars should be well looked after upon arrival of new scholars. Each child should be obliged to wash their hands after each recreation, before entering the class-room. (Some antiseptic soap is preferable; we have found *Sanitas* soap a good soap for such purposes.) The prevalence of contagious diseases in the homes of the poor and the ignorant, makes this precaution advisable. Skin diseases, leucorrhœa, ophthalmia, catarrh, and other mildly contagious diseases can be conveyed in this manner without a doubt.

II.—General measures to be taken in the presence of contagious diseases.

A scholar complaining of fever should be immediately separated from the school and sent home, or to the hospital, where he must remain until all doubt is removed. Eviction for a child attacked, and for his brothers and sisters, and for any other child resident in the same house, must be insisted upon. Disinfection should be thoroughly carried out at once upon the first appearance of a contagious disease. This should include the floors, walls and ceilings, furniture, dishes, books, and even the maps upon the walls. The books, etc., belonging to the sick scholar should be removed from the room, and thoroughly disinfected or destroyed, according to the nature and severity of the disease. The parents, or those having the custody of the scholar, must be properly instructed as to the necessary precautions, disinfection, etc., and more particularly as to the length of the term of eviction. Upon convalescence, the clothing should be disinfected and boiled. The children who have been ill must not return without suitable medical authority, giving the required certificate, after a stated period has passed, as prescribed by the instructions of the Academy of Medicine. In such cases as it is deemed necessary, there should be sent to each family, as soon as the case has been pronounced upon, instructions for the care of epidemic diseases. In the case of scarlet fever, diphtheria, etc., particular attention is called to the necessity for the destruction of the books, writing materials, etc., and the maintenance of the evictions, to last at least three weeks. In the first two mentioned diseases, forty-five days should be the term of eviction. In the *Annals of Hygiene*, December, 1893, a very valuable table is printed from *Medecine Modern* on the "Limit of the Periods of Incubation and Contagion in Infectious Maladies."

A small company of particularly select demi-mondaines, says the *Progrès Médical*, have just instituted a "Diner des Infécondes," under the honorary presidency of a surgeon noted for the readiness with which he performs ovariotomy. This charming company of patients who have been operated upon meets for dinner each month, the surgeon presiding at the table. The novelty of this form of vicarious menstruation is truly Parisian.

**Living and Chemical Fermentation.**—Fermentation, as is well known, is classed in two categories: the one depending on living beings (vital fermentation); the other depending exclusively on chemical processes independent of life, and capable of developing in absolutely sterile media (chemical fermentation). The fluoride of sodium, which at 1 per cent. stops instantly and definitely all vital fermentation, and with it all manifestations of life, without suspending chemical fermentation, permits the appreciation of the phenomena of the other group.

The addition of a 1 per cent. solution of fluoride of sodium preserves organic matter from all putrefaction, even at a temperature of 40 degrees to 45 degrees C. All substances thus preserved, such as milk, blood, urine, bile, beaten eggs, fruits, fragments of animal tissue, saliva, pancreaticin, gelatin, etc., presented, after several months at 40 degrees C., neither odor nor any other alteration characteristic of the development of microbes. The sugar, the disappearance of which from an organic medium is one of the first microbial phenomena in living fermentation, is preserved totally in fluorated liquors. It is not to the precipitation of the calcium salts that the fluoride owes its sterilizing property, for the oxalate of sodium at 1 per cent. has not the same property—it retards only the beginning, and moderates the march of putrefaction.

The lactic ferment is destroyed by the fluoride of sodium at 1 per cent.; it suffices generally to add to the milk 0.4 per cent. of fluoride. The sugar of milk is preserved *in toto* in the fluorated liquors.

**Modern Treatment of Simple Fractures.**—Dr. T. H. Manley, in *Times and Register*, writes: "It cannot be said, during the past decade or two, that there has been any radical change in the mechanical treatment of fractures. It yet remains an open question whether the current American practice of fixed extension is an improvement over postural treatment or muscular retraction, the practice so strongly advocated by Percival Pott and others. We all know that in fractures of the forearm the semi-flexed position is that which gives the greatest comfort and produces the best results. And, no doubt, if the same principle were applied more frequently to the leg, the general results would be more satisfactory, and we would meet with fewer cases of deformity or shortening."

"Much has been written on the question as to what material is the most suitable for splints at the primary dressing. As the usual custom is to immediately apply some sort of solid materials immediately after a bone is fractured, to neglect this and not promptly 'set' the limb might seem to a layman nothing less than gross negligence; but the experienced surgeon well knows that many a useful limb has been needlessly sacrificed by a strict adherence to this custom; and that, in not a few cases, the best splint is none at all, of any description whatever. When our patient is not to be transported a considerable distance, and when there is little or no deformity, the safest practice is to delay any sort of solid fixture until reaction is set in."

**Eye Paralyses.**—A comprehensive article in the *American Journal of Ophthalmology*, on paralyses of the ocular muscles, concludes as follows:

1. All cases of lateral conjugate paralysis are of central origin.
2. When the paralysis is on the same side as other paralyses, the lesion is on the opposite side of the brain. Such paralyses, as a rule, are transitory, and follow almost any sudden lesion, and often only show themselves as a prevailing position of the eye, and not as a true paralysis, or even paresis.
3. When the paralysis is crossed with the paralyses below, the lesion is in the pons medulla region.

The above three conclusions are equally true of spasms.

4. A gradual development of conjugate paralysis clearly points to the region of the sixth nucleus of the same side as affected.

5. Paralysis of up or down motions, or both motions, indicates disease in the region of the corpora quadrigemina, at the point of exit.

6. Reasoning from analogy, paralysis of convergence points to disease in the central gray below the aqueduct, but as yet autopsies are lacking.

7. Picked paralysis of parts of a third nerve strongly suggests central disease, but is not proof of it.

8. A majority of cases of eye paralysis occur in the syphilitic.

9. A paralysis which changes rapidly, quickly showing fatigued, is probably central in origin.

10. Transitory paralysis in the syphilitic is strongly suggestive of future tabes.

11. An eye paralysis, however simple it may seem, is always a just cause of suspicion of trouble to come, and demands a prompt and thorough examination of the patient.

12. There is no evidence that there is any form of connection between the sixth nucleus and the third, except in the cerebrum.

**Diagnosis of Breech Presentations Before Labor.**—Pinard (*Rev. Médicale*) lays great stress on tenderness of the fundus. In some pregnant subjects who have passed the sixth month, pressure of the hand on the fundus causes sharp pain. Sometimes the patient feels pain without the part being touched. In both cases the evidence of breech presentation is strong. This pain, or tenderness, is solely due to the pressure of the fetal head, which is harder and more bulky than any other part of the fetus, and distends the upper segment irregularly. That segment is not naturally destined to receive the head. Pinard especially notes that the pain disappears after version. The tenderness is influenced by the size of the head, the amount of liquor amnii, and the flaccidity of the uterine walls. This tenderness of the fundus is present in 70 per cent. of breech presentations.

**Pulsatilla in Hemlerania.**—A little girl eight years of age, of sad and gentle disposition, suffered for six months with a one-sided headache, usually upon the left side. The pain was situated in the left antero-temporal region, throbbing and stitching in character, especially worse early in the morning, when rising from bed, and in the evening on going to bed; is worse when in a close room, when lying down and when the head is stooped over. When once established the pain continued for several hours at a time and was almost unbearable. Pulsatilla was the remedy indicated and cured the case.

Since the protective tariff was placed upon sugar of milk, the increase in the product of this country has been sufficient for the demand, so that the price has declined more than one-half, and will be lower. The home product is just as good as the imported. Our readers should bear in mind these facts, as the pharmacists have not heard of it yet.

## OBITUARY.

THE death of Dr. Brown-Séguard in Paris, April 2d, at the age of seventy-seven years, removes one who by his original experiments has done more for physiological science than any one during the past half century, having received five prizes from the French Academy and on two occasions the Queen's grant for the encouragement of science from the British Society. Dr. Séguard was born in the island of Mauritius, his father being a Philadelphian and his mother a Parisian. Much of his life was spent in this country, he having held a professorship in Harvard and Bellevue, and was for a time engaged in active practice in this city. His theory of rejuvenation by the means of subcutaneous injections of testicular extracts was received with more or less scepticism, and its use certainly failed to prolong the life of the author.

## MISCELLANY.

—There are seventeen members of the medical class at the Johns Hopkins University.

—Saturate bloodstains with kerosene, let stand for a time, then wash out with warm water.

—Don't use soap and water on the body just preceding the application of cocaine; the alkali destroys the anesthetic action.

—When the pulsations of the heart are synchronous with the breathing, the patient will die in from six to twenty-four hours.

—A writer in the *Lancet* says he knows an old lady in Chester, who has had twins fifteen times, besides some other single births.

—A writer in the *Lancet* claims to have relieved cases of obstinate tympanites instantly, by placing the patient in the knee-chest position.

—According to Dr. Sangree, of Philadelphia, ice-packs to the neck over the pneumogastrics, cause severe attacks of asthma to yield almost instantly.

—The *Medical Record* says that during 1889-90, the twenty German universities gave 1,115 diplomas, and rejected 1,030 applicants—nearly 50 per cent.

—It is said that the tendons found in the tail of a dog, make better sutures than either catgut or kangaroo tendon when properly prepared in sublimate.

—Remy reports a fatal case from the hypodermic injection of pilocarpine. He also refers to other cases where dangerous symptoms followed the use of this drug.

—A laboratory of "Psychological Physics" is about to be established in the University of Brussels, at the expense of some private persons interested in the subject.

—The first Mohammedan woman to practice medicine has recently been given a position under the Russian Government. Her name is Miss Bibiradya-Koudlouiarow.

—Of the 234 medical journals published in the United States, Ohio has 14, New York, 52. Of 1,260 medical societies in the United States, Ohio has 90, New York, 175.

—Maifan and Monrat found in eighteen cases of bronchopneumonia in children, the malady in thirteen cases was the result of indigestion; often the result of over-feeding.

—A case has been recently reported where there was suppression of urine for twelve days with recovery. The treatment consisted of rest in bed, diaphoretics, mild cathartics and milk diet.

—In the constipation of infants, often the only treatment indicated is massage of the abdomen over the descending colon, once or twice each day, practiced from five to ten minutes each time.

—Chloroform is recommended, in a New York journal, as one of the best remedies for the controlling of external hemorrhage, whether arterial, venous, or capillary. It may be applied with lint or cotton.

—The persons who drum for doctors at the hot springs are now required to wear a metallic plate on the left lapel of the outside coat, on which plate must be inscribed the name of the employing doctor.

According to a recent writer's experience, the treatment of constipation by gooseberries, currants or plums, taken daily in large quantities, is followed by better results than the administration of any medicine yet known.

—The suit brought by Mr. Anthony Comstock against the manufacturers of certain surgical tables, because of circulars sent through the mail showing nude persons in various attitudes on these tables, has been dismissed.

—To get a single load of honey the bee makes about six thousand different calls. He is, therefore, like the physician during a financial depression. About the same number of visits are necessary in order to procure a tiny morsel of food.

—When a patient is strangling, break an egg as quickly as possible (do not beat it), and give the white of it to the strangling person; this will almost certainly dislodge the obstruction, whatever it may be, unless it is lodged in the trachea.

—A new vegetable digestive ferment has been discovered in the plant commonly known as shepherd's weather-glass. The plant grows abundantly in England and on the Continent. Fibrin is entirely peptonized in four or five hours.

—Half a tumbler full of a two per cent. solution of acetic acid, twice daily, is reported to have cured a case of chronic dysentery in nine days, after several drugs had failed. Acute dyspepsia was cured after one or two doses had been given.

—In the treatment of cancer of the stomach, Brissaud employs the chloride of sodium. The dose was from eight to sixteen grammes a day. This relieved the pain and other gastric symptoms so that it seemed almost as if the patient was cured.

—M. Paul Diday, the noted surgeon and syphilographer of Lyons died on the 8th of January, aged eighty-three years. His chief works were "Syphilis of the New Born," "Natural History of Syphilis," "Therapeutics of Venereal Disease," and "Venereal Peril in Families."

—Cremation is growing in favor in Europe, in spite of the strong opposition of the Roman Catholic Church. During the year 1891, 3,741 bodies were burned in France, three new crematories were opened in Germany, and there are now twenty-two in Italy, several of which are perambulatory.

—In a notice of Mrs. Ida Hall Roby, "the pioneer woman druggist of Chicago," the *World* says: "She has for the past three years furnished the drug supplies of the Home for the Friendless, and for the past one year those for the Hahnemann Medical College and Hospital." Shade of "the Master!"

—Aluminum is not proving to be of such value for surgical instruments as was expected. To be sure it does not oxidize, but it is deficient in elasticity, and stays bent after pressure. It is also so light that the surgeon does not feel as if he had hold of anything when grasping a knife made of it.

—The editor of the *St. Louis Medical and Surgical Journal*, in discussing medical journals, says: "We are very much of the opinion of the Kentuckian, who stated that some whiskies are better than other whiskies, but all whiskies are good. So it is with medical journals, there are no really bad ones."

—Says Professor Huxley: "Thoughtless people blame Sir Andrew Clark for not leaving off work when he had reached wealth, fame, and the official headship of his profession. But though he may have liked these rewards as well as another, my friend did not live for them. His work was his life, and no true friend would have desired for him, of all men, a prolongation of that shadow-life of enforced rest, in which there is no repose."

—Sir Benjamin Ward Richardson finds, after long experiment and practice, that 64° Fahr. is the best temperature in which to conduct mental labor. If the temperature falls much below this, the mind becomes drowsy and inactive. If it rises much above this, there is a relaxed state of the body and mind which soon leads to fatigue and exhaustion. It is important that the temperature be the same in all parts of the room, and that it be steadily maintained.